

2007 FOR PROFIT CORPORATION ANNUAL REPORT (AR)

FILED

Apr 30, 2007 08:00 AM
Secretary of State

DOCUMENT # F05000005507

1. Entity Name

BEVCORP INTERNATIONAL INC.



Principal Place of Business

1512 SE VILLAGE GREEN DR
PORT ST. LUCIE FL 34952

Mailing Address

1512 SE VILLAGE GREEN DR
PORT ST. LUCIE FL 34952



2. Principal Place of Business - No P.O. Box #

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

1st MOORE

CR2E034 (10/06)

4. FEI Number **51-0550301**

Applied For
Not Applicable

Zip

Country

Zip

Country

5. Certificate of Status Desired ☐

\$8.75 Additional
Fee Required

6. Name and Address of Current Registered Agent

7. Name and Address of New Registered Agent

SCHNEIDER, BRIAN
1512 SE VILLAGE GREEN DR
PORT ST. LUCIE FL 34952

Name

Street Address (P.O. Box Number is Not Acceptable)

City

FL

Zip Code

8. The above named entity submits this statement for the purpose of changing its registered office or registered agent, or both, in the State of Florida. I am familiar with, and accept the obligations of registered agent

SIGNATURE

Signature, typed or printed name of registered agent and title if applicable

(NOTE: Registered Agent signature required when reinstating)

DATE

FILE NOW!!! FEE IS \$150.00
After May 1, 2007 Fee Will Be \$550.00
Make Check Payable to Florida Department of State

9. Election Campaign Financing
Trust Fund Contribution. ☐ **\$5.00** May Be
Added to Fees

10. OFFICERS AND DIRECTORS

TITLE CP ☐ Delete
NAME D'APOLITO, MICHAEL
STREET ADDRESS 1512 SE VILLAGE GREEN DR
CITY-STATE-ZIP PORT ST. LUCIE FL 34952

TITLE DVP ☐ Delete
NAME SCHNEIDER, BRIAN
STREET ADDRESS 1512 SE VILLAGE GREEN DR
CITY-STATE-ZIP PORT ST. LUCIE FL 34952

TITLE STD ☐ Delete
NAME D'APOLITO, STACY
STREET ADDRESS 1512 SE VILLAGE GREEN DR
CITY-STATE-ZIP PORT ST. LUCIE FL 34952

TITLE ☐ Delete
NAME
STREET ADDRESS
CITY-STATE-ZIP

TITLE ☐ Delete
NAME
STREET ADDRESS
CITY-STATE-ZIP

TITLE ☐ Delete
NAME
STREET ADDRESS
CITY-STATE-ZIP

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE ☐ Change ☐ Addition
NAME
STREET ADDRESS
CITY-STATE-ZIP
U00000742705
05/15/07-80081-001 150.00

TITLE ☐ Change ☐ Addition
NAME
STREET ADDRESS
CITY-STATE-ZIP

TITLE ☐ Change ☐ Addition
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TITLE ☐ Change ☐ Addition
NAME
STREET ADDRESS
CITY-STATE-ZIP

12. I hereby certify that the information supplied with this filing does not qualify for the exemptions contained in Section 119, Florida Statutes. I further certify that the information indicated on this report or supplemental report is true and accurate and that my signature shall have the same legal effect as if made under oath; that I am an officer or director of the corporation or the receiver or trustee empowered to execute this report as required by Chapter 607, Florida Statutes; and that my name appears in Block 10 or Block 11 if changed, or on an attachment with an address with all other like empowered.

SIGNATURE:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

STACY D'APOLITO - STD

4/24/07

772-335-3234

Date

Daytime Phone #