

# 2008 FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# F06000004631

FILED  
Apr 30, 2008  
Secretary of State

Entity Name: BEERS ENTERPRISES, INCORPORATED

## Current Principal Place of Business:

29 FARM VALLEY RD  
OSTERVILLE, MA 02655

## New Principal Place of Business:

969 MAIN STREET  
OSTERVILLE, MA 02655

## Current Mailing Address:

PO BOX 1141  
OSTERVILLE, MA 02655

## New Mailing Address:

FEI Number: 04-3108436      FEI Number Applied For ( )      FEI Number Not Applicable ( )      Certificate of Status Desired ( )

## Name and Address of Current Registered Agent:

BEERS, SCOTT  
7939 SE HEMPSTEAD CIR  
HOBE SOUND, FL 33455      US

## Name and Address of New Registered Agent:

BEERS, SCOTT S  
7939 SE HEMPSTEAD CIR  
HOBE SOUND, FL 33455      US

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.

SIGNATURE: SCOTT S BEERS

04/30/2008

Electronic Signature of Registered Agent

Date

Election Campaign Financing Trust Fund Contribution ( ).

## OFFICERS AND DIRECTORS:

Title: CP      ( ) Delete  
Name: BEERS, SCOTT S  
Address: 7939 SE HEMPSTEAD CIR  
City-St-Zip: HOBE SOUND, FL 33455

Title: V      ( ) Delete  
Name: PFAFE, ERIC J  
Address: 11 PIER SEVEN  
City-St-Zip: CHARLESTOWN, MA 02129

Title: DT      ( ) Delete  
Name: KEATINGE, RICHARD H  
Address: 7 GRACE ST  
City-St-Zip: OLD GREENWICH, CT 06870

Title: SD      ( ) Delete  
Name: BEERS, PAMELA T  
Address: 29 FARM VALLEY RD  
City-St-Zip: OSTERVILLE, MA 02655

## ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

Title:      ( ) Change ( ) Addition  
Name:  
Address:  
City-St-Zip:

Title: V      (X) Change ( ) Addition  
Name: PFAFE, ERIC J  
Address: 294 BUNKER HILL STREET  
City-St-Zip: CHARLESTOWN, MA 02129

Title:      ( ) Change ( ) Addition  
Name:  
Address:  
City-St-Zip:

Title:      ( ) Change ( ) Addition  
Name:  
Address:  
City-St-Zip:

I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Chapter 119, Florida Statutes. I further certify that the information indicated on this report or supplemental report is true and accurate and that my electronic 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 above, or on an attachment with an address, with all other like empowered.

SIGNATURE: SCOTT S BEERS

CP

04/30/2008

Electronic Signature of Signing Officer or Director

Date