

2009 FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# F06000004631

FILED
Feb 27, 2009
Secretary of State

Entity Name: BEERS ENTERPRISES, INCORPORATED

Current Principal Place of Business:

969 MAIN STREET
OSTERVILLE, MA 02655

New Principal Place of Business:

Current Mailing Address:

PO BOX 1141
OSTERVILLE, MA 02655

New Mailing Address:

969 MAIN STREET
OSTERVILLE, MA 02655

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 S
7939 SE HEMPSTEAD CIR
HOBE SOUND, FL 33455 US

Name and Address of New Registered Agent:

BEERS, SCOTT S
7939 SE HEMPSTEAD CIRCLE
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

02/27/2009

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: PFAFF, ERIC J
Address: 294 BUNKER HILL STREET
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 (X) Delete
Name: BEERS, PAMELA T
Address: 29 FARM VALLEY RD
City-St-Zip: OSTERVILLE, MA 02655

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

Title: PD (X) Change () Addition
Name: BEERS, SCOTT S
Address: 7939 SE HEMPSTEAD CIR
City-St-Zip: HOBE SOUND, FL 33455

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

Title: SD (X) Change () Addition
Name: BEERS, PAMELA T
Address: 29 FARM VALLEY ROAD
City-St-Zip: OSTERVILLE, MA 02655

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

PRES

02/27/2009

Electronic Signature of Signing Officer or Director

Date