

# 2008 FOR PROFIT CORPORATION AMENDED ANNUAL REPORT

DOCUMENT# F07000004501

Entity Name: BECO, INC.

FILED  
Jun 05, 2008  
Secretary of State

## Current Principal Place of Business:

123 A CARL VINSON PKWY  
WARNER ROBINS, GA 31088

## New Principal Place of Business:

## Current Mailing Address:

123 A CARL VINSON PKWY  
WARNER ROBINS, GA 31088

## New Mailing Address:

FEI Number: 74-2776939

FEI Number Applied For ( )

FEI Number Not Applicable ( )

Certificate of Status Desired ( )

## Name and Address of Current Registered Agent:

NRAI SERVICES, INC.  
2731 EXECUTIVE PARK DR  
WESTON, FL 33331 US

## Name and Address of New Registered Agent:

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:

Electronic Signature of Registered Agent

Date

## OFFICERS AND DIRECTORS:

Title: CP ( ) Delete  
Name: WELLS, ROGER L  
Address: 129 WISTERIA DR  
City-St-Zip: BONAIRE, GA 31005

Title: VC ( ) Delete  
Name: WELLS, OTIS G  
Address: 5 LAKE VIEW DR  
City-St-Zip: WINFIELD, WV 21213

Title: S ( ) Delete  
Name: WELLS, SHERRY  
Address: 129 WISTERIA DRIVE  
City-St-Zip: BONAIRE, GA 31005

Title: ( ) Delete  
Name:  
Address:  
City-St-Zip:

Title: ( ) Delete  
Name:  
Address:  
City-St-Zip:

## ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

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

Title: VP (X) Change ( ) Addition  
Name: OWENS, STEVEN W  
Address: 1613 MOUNT CROGHAN TRAIL  
City-St-Zip: THE VILLAGES, FL 32162

Title: VC/S (X) Change ( ) Addition  
Name: WELLS, SHERRY  
Address: 129 WISTERIA DRIVE  
City-St-Zip: BONAIRE, GA 31005

Title: VP ( ) Change (X) Addition  
Name: GOODMAN, CHARLES  
Address: 329 ED CARSON DRIVE  
City-St-Zip: AMERICUS, GA 31709

Title: VP ( ) Change (X) Addition  
Name: WELLS, OTIS G  
Address: 5 LAKEVIEW DR.  
City-St-Zip: WINFIELD, WV 25213

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: SHERRY A WELLS

VC/S

06/05/2008

Electronic Signature of Signing Officer or Director

Date