




2007 FOR PROFIT CORPORATION ANNUAL REPORT

FILED
Jul 11, 2007 8:00 am
Secretary of State

07-11-2007 90078 017 ***150.00

DOCUMENT # F41345 1. Entity Name H.A. BEIDERBECKE, P.A.					
Principal Place of Business 231 SOUTH FEDERAL LAKE WORTH, FL 33460			Mailing Address 231 SOUTH FEDERAL LAKE WORTH, FL 33460		
2. Principal Place of Business - No P.O. Box # 132 LAS BRISAS CIR Suite, Apt. #, etc.		3. Mailing Address <div style="border: 1px solid black; padding: 5px; text-align: center;"> Hank Beiderbecke 132 Las Brisas Cir. Hypoluxo, FL 33462-7072 </div>		<div style="font-size: 1.5em; font-weight: bold; margin-bottom: 10px;">40124384</div>  <div style="display: flex; justify-content: space-between; font-size: 0.8em;"> 07052007 Chg-P CR2E034 (12/06) </div>	
City & State HYPOLEXO FL		4. FEI Number 59-2113417		Applied For <input type="checkbox"/> Not Applicable	
Zip 33462	Country FLA, BC 11	Zip	Country	5. Certificate of Status Desired <input type="checkbox"/> \$8.75 Additional Fee Required	
6. Name and Address of Current Registered Agent BEIDERBECKE, HENRY A 231 SOUTH FEDERAL LAKE WORTH, FL 33460				7. Name and Address of New Registered Agent <div style="border: 1px solid black; padding: 5px; text-align: center;"> Hank Beiderbecke 132 Las Brisas Cir. Hypoluxo, FL 33462-7072 </div>	
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: _____ <small>Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating) DATE:</small>	
FILE NOW!!! FEE IS \$150.00 Due by September 14, 2007		9. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/> \$5.00 May Be Added to Fees		In accordance with s. 607.193(2)(b), F.S., the corporation did not receive the prior notice.	
10. OFFICERS AND DIRECTORS				11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	PSD BEIDERBECKE, HENRY A 132 LAS BRISAS CIRCLE HYPOLEXO, FL 33462		<input type="checkbox"/> Delete		TITLE NAME STREET ADDRESS CITY-ST-ZIP
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete		<input type="checkbox"/> Change <input type="checkbox"/> Addition		TITLE NAME STREET ADDRESS CITY-ST-ZIP
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete		<input type="checkbox"/> Change <input type="checkbox"/> Addition		TITLE NAME STREET ADDRESS CITY-ST-ZIP
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete		<input type="checkbox"/> Change <input type="checkbox"/> Addition		TITLE NAME STREET ADDRESS CITY-ST-ZIP
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TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete		<input type="checkbox"/> Change <input type="checkbox"/> Addition		TITLE NAME STREET ADDRESS CITY-ST-ZIP
12. I hereby certify that the information supplied with this filing does not qualify for the exemptions contained 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 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:  <div style="float: right; text-align: right;"> 7/9/7 5015865905 <small>Date Daytime Phone #</small> </div>					
<small>SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR</small>					