2008 FOR PROFIT CORPORATION ANNUAL REPORT

DO NOT WRITE IN THIS SPACE

DOCUMENT # G75375

1. Entity Name

E. L. & R. G. BECKNER, INC.



FILED Mar 12, 2008 08:00 A Secretary of State

Principal Place of Business

Mailing Address

3589 SE CR 255 LEE, FL 32059

3589 SE CR 255 LEE, FL 32059



CR2E034 (11/05)

03052008 4. FEI Number

Applied For Not Applicable

5. Certificate of Status Desired

59-2352679

\$8.75 Additional

6. Name and Address of Current Registered Agent

CLEVENGER & ASSOCIATES, P.A. 3621 5TH AVENUE NORTH SAINT PETERSBURG, FL 33713

DO NOT WRITE

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. 3/10/08 (NOTE Registered Agent signature required when reinstating)

FILE NOWILL FEE IS \$150.00 After May 1, 2008 Fee will be \$550.00 9. Election Campaign Financing Trust Fund Contribution.

\$5.00 May Be Added to Fees

U00000855132 03/27/08-80035-010 150.00

10. OFFICERS AND DIRECTORS TITLE DP BECKNER, R.G. NAME 3589 SE CR 255 STREET ADDRESS CITY-ST-ZIP LEE, FL 32059 TITLE NAME STREET ADDRESS CITY-ST-ZIP DO NOT WRITE TITLE NAME STREET ADDRESS CITY-ST-ZIP TITLE NAME STREET ADDRESS CITY-ST-ZIP TITLE NAME STREET ADDRESS CITY-ST-ZIP TITLE NAME STREET ADDRESS CITY-ST-ZIP

IN THIS SPACE

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

E AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR