

**2006 FOR PROFIT CORPORATION
ANNUAL REPORT**

FILED

**Apr 20, 2006 08:00 AM
Secretary of State**

DOCUMENT # H66204

1. Entity Name
DISTINCTIVE ENTERPRISES, INC.



Principal Place of Business
**2030 OLD DIXIE HWY SW
VERO BEACH, FL 32962 US**

Mailing Address
**460 10TH ST. SW
VERO BEACH, FL 32962**



04142006 No Chg-P CR2E034 (11/05)

DO NOT WRITE IN THIS SPACE

4. FEI Number
59-2572312

Applied For
Not Applicable

5. Certificate of Status Desired ☐ **\$8.75 Additional
Fee Required**

6. Name and Address of Current Registered Agent

**CLARK, ROBERT C.
1601 20TH STREET
VERO BEACH, FL 32960**

**DO NOT WRITE
IN THIS SPACE**

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

Signature, typed or printed name of registered agent and title if applicable.

(NOTE: Registered Agent signature required when reinstalling)

DATE

**FILE NOW!!! FEE IS \$150.00
After May 1, 2006 Fee will be \$550.00**

9. Election Campaign Financing
Trust Fund Contribution. ☐

**\$5.00 May Be
Added to Fees**

10. OFFICERS AND DIRECTORS

TITLE	P
NAME	BEAUMIER, EDWARD
STREET ADDRESS	460 10TH ST SW
CITY-ST-ZIP	VERO BCH, FL 32962
TITLE	S
NAME	BEAUMIER, EDWARD
STREET ADDRESS	460 10TH ST SW
CITY-ST-ZIP	VERO BCH, FL 32962
TITLE	T
NAME	BEAUMIER, EDWARD
STREET ADDRESS	460 10TH ST SW
CITY-ST-ZIP	VERO BCH, FL 32962
TITLE	VP
NAME	BEAUMIER, EDWARD
STREET ADDRESS	460 10TH STREET SW
CITY-ST-ZIP	VERO BEACH, FL 32962
TITLE	
NAME	
STREET ADDRESS	
CITY-ST-ZIP	
TITLE	
NAME	
STREET ADDRESS	
CITY-ST-ZIP	

UD00000521516
05/02/06-80135-017 150.00

**DO NOT WRITE
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 changed, or on an attachment with an address, with all other like empowered.

SIGNATURE:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

Edward Beaumier / **Edward Beaumier** 04-15-06 (772) 562-0009