2005 FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT # J04665

1. Entity Name
BEE'S AUTO, INC.

Principal Place of Business	Mailing Address
% WAYNE E. WEATHERBEE	% WAYNE E. WEATHERBEE
899 MONTROSE ST	899 MONTROSE ST
CLERMONT, FL 34711-2123	CLERMONT, FL 34711-2123

DO NOT WRITE IN THIS SPACE

01112005   No Chg-P   CR2E034 (10/03)

4. FEI Number		Applied For
59-2645487		Not Applicable

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

6. Name and Address of Current Registered Agent

WEATHERBEE, WAYNE E.
899 MONTROSE ST
CLERMONT, FL 32711   34711

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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.
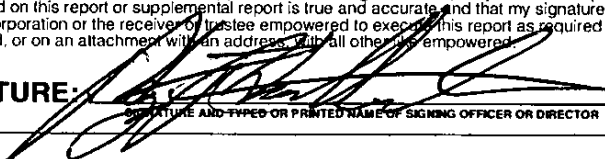
SIGNATURE _____

Signature, typed or printed name of registered agent and title if applicable.   (NOTE: Registered Agent signature required when reinstating)   DATE

FILE NOW!!! FEE IS $150.00
After May 1, 2005 Fee will be $550.00

9. Election Campaign Financing Trust Fund Contribution. ☐   **$5.00** May Be Added to Fees

10.   OFFICERS AND DIRECTORS

TITLE	PD
NAME	WEATHERBEE, WAYNE E.
STREET ADDRESS	21919 US HWY 27
CITY-ST-ZIP	LEESBURG, FL 34748
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	
TITLE	
NAME	
STREET ADDRESS	
CITY-ST-ZIP	

DO NOT WRITE IN THIS SPACE

12. I hereby certify that the information supplied with this filing does not quality for the exemption stated in Section 119.07(3)(i), 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 of 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: _____   4/11/05   352 394 3971

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR   WAYNE E WEATHERBEE   Date   Daytime Phone #