## 2008 FOR PROFIT CORPORATION ANNUAL REPORT

SIGNATURE:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

## **Secretary of State** DOCUMENT # J13396 03-07-2008 90045 014 \*\*\*150.00 1. Entity Name BEUT REALTY CORP. Principal Place of Business Mailing Address 5895 US HIGHWAY #1 P 0 BOX 7020 VERO BEACH, FL 32961-7020 VERO BEACH, FL 32960 02182008 No Chg-P CR2E034 (11/05) DO NOT WRITE IN THIS SPACE Applied For 4. FEI Number 06-1195347 Not Applicable \$8.75 Additional 5. Certificate of Status Desired Fee Required 6. Name and Address of Current Registered Agent KIRK, WILLIAM N DO NOT WRITE 979 BEACHLAND BLVD VERO BEACH, FL 32963 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, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating) DATE 9. Election Campaign Financing \$5.00 May Be FILE NOW!!! FEE IS \$150.00 Trust Fund Contribution. After May 1, 2008 Fee will be \$550.00 Added to Fees ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11 10. OFFICERS AND DIRECTORS VSD X Change Addition TITLE NAME DAYTON, ISABELLE B Dayton, Isabelle B. NAME 4220 6th Lane SW 5895 US HIGHWAY #1 STREET ADDRESS STREET ADDRESS Vero Beach, FL 32968 VERO BEACH, FL 32960 CITY-ST-ZIP CITY-ST-ZIP ☐ Addition y☐ Change Beuttell, Richarde. TITLE Beuttell, Richard C., Jr. NAME BEUTTELL, RICHARD B JR NAME STREET ADDRESS 5895 US HIGHWAY #1 STREET ADORESS VERO BEACH, FL 32960 CiTY-ST-7/P CITY-ST-ZIP X Change ☐ Addition TITLE TITLE BEUTTELL, GEORGE M Beuttell, George M. NAME STREET ADDRESS 5895-US HIGHWAY #1 PO Box 2369 STREET ADDRESS CITY-ST-ZIP VERO BEACH, FL 32960 Vero Beach, FL 32961 CITY-ST-ZIP ☐ Change ☐ Addition TITLE TITLE NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP ☐ Change ☐ Addition TITLE NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP ☐ Addition ☐ Change TITLE TITLE NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP 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 attactment with an address, with all other like empowered.

FILED Mar 07, 2008 8:00 am