## 2007 FOR PROFIT CORPORATION **ANNUAL REPORT**

## Apr 27, 2007 08:00 Al Secretary of State DOCUMENT # J21804 1. Entity Name BESWICK-GILLMORE, INC. Principal Place of Business Mailing Address 2688 BELLERIVE DRIVE **2688 BELLERIVE DRIVE** LAKELAND, FL 33803 LAKELAND, FL 33803 04242007 CR2E034 (11/05) No Cha-P DO NOT WRITE IN THIS SPACE 4. FEI Number Applied For 59-2699905 Not Applicable \$8.75 Additional 5. Certificate of Status Desired Fee Required 6. Name and Address of Current Registered Agent BESWICK, ROBERT 2688 BELLERIVE DRIVE DO NOT WRITE LAKELAND, FL 33803 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 reinstating) 9. Election Campaign Financing \$5.00 May Be FILE NOW!! FEE IS \$150.00 Trust Fund Contribution. Added to Fees After May 1, 2007 Fee will be \$550.00 OFFICERS AND DIRECTORS 10. STD TITLE NAME BESWICK, ROBERT 2688 BELLERIVE DRIVE STREET ADDRESS CITY-ST-ZIP LAKELAND, FL 33803 TITLE STREET ADDRESS CITY-ST-ZIP NAME STREET ADDRESS DO NOT WRITE CITY-ST-ZIP TITLE IN THIS SPACE NAME STREET ADDRESS CITY-ST-7IP TITLE NAME STREET ADDRESS U000000740084 CITY-ST-ZIP 05/14/07-80053-004 150.00 TITLE

12. I hereby certify that the information supplied with this filling 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 cett; 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.

STREET ADDRESS CITY-ST-ZIP

SIGNATURE:

PED OR PRINTED NAME OF SIGN

**FILED**