

**2008 NOT-FOR-PROFIT CORPORATION  
ANNUAL REPORT**

**FILED**  
**Mar 31, 2008 08:00 AM**  
**Secretary of State**

**DOCUMENT # N03000007209**

1. Entity Name  
**BEALL'S PAC U.S.A., INC.**



Principal Place of Business  
**1806 38TH AVE. EAST  
BRADENTON, FL 34208**

Mailing Address  
**P.O. BOX 25207  
BRADENTON, FL 34206-5207**



03212008 No Chg-NP CR2E037 (4/06)

**DO NOT WRITE IN THIS SPACE**

4. FEI Number  
**02-0615750**

Applied For
Not Applicable

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

**6. Name and Address of Current Registered Agent**

**BLALOCK, LANDERS, WALTERS & VOGLER, P.A.  
802 11TH ST. WEST  
BRADENTON, FL 34205**

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

**Filing Fee is \$61.25  
Due by May 1, 2008**

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

**10. OFFICERS AND DIRECTORS**

TITLE	PD
NAME	BEALL, ROBERT M II
STREET ADDRESS	1806 38TH AVE. EAST
CITY-ST-ZIP	BRADENTON, FL 34208

TITLE	VD
NAME	WALTERS, CLIFFORD L
STREET ADDRESS	1806 38TH AVE. EAST
CITY-ST-ZIP	BRADENTON, FL 34208

TITLE	TD
NAME	KNOPIK, STEPHEN
STREET ADDRESS	1806 38TH AVE. EAST
CITY-ST-ZIP	BRADENTON, FL 34208

TITLE	SD
NAME	JOHNSON, PATRICIA
STREET ADDRESS	1806 38TH AVE. EAST
CITY-ST-ZIP	BRADENTON, FL 34208

TITLE	
NAME	
STREET ADDRESS	
CITY-ST-ZIP	

TITLE	
NAME	
STREET ADDRESS	
CITY-ST-ZIP	

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IN THIS SPACE**

U000000976200  
04/11/08-80064-017-61.25

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 617, 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

3/24/08

Date

Daytime Phone #