

2008 FOR PROFIT CORPORATION AMENDED ANNUAL REPORT

DOCUMENT# P00000034959

Entity Name: BE-A-MAE'SED, INC.

FILED
Jun 05, 2008
Secretary of State

Current Principal Place of Business:

319 3RD F NW
OLD TOWNER SQ
WINTER HAVEN, FL 33881

New Principal Place of Business:

Current Mailing Address:

2501 SWAN DR NE
WINTER HAVEN, FL 33881

New Mailing Address:

FEI Number: 59-3638433

FEI Number Applied For ()

FEI Number Not Applicable ()

Certificate of Status Desired (X)

Name and Address of Current Registered Agent:

WALKER, MAE F
2501 SWAN DR NE
WINTER HAVEN, FL 33881 US

Name and Address of New Registered Agent:

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.

SIGNATURE: _____

Electronic Signature of Registered Agent

Date

OFFICERS AND DIRECTORS:

Title: PSTD () Delete
Name: WALKER, MAE F
Address: 2501 SWAN DR NE
City-St-Zip: WINTER HAVEN, FL 33881

Title: VPD () Delete
Name: WALKER, JOHN
Address: 2501 SWAN DR NE
City-St-Zip: WINTER HAVEN, FL 33881

Title: () Delete
Name:
Address:
City-St-Zip:

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

Title: () Change () Addition
Name:
Address:
City-St-Zip:

Title: () Change () Addition
Name:
Address:
City-St-Zip:

Title: TREA () Change (X) Addition
Name: MCGOUGH, ESSA
Address: 3817 AVENUE T
City-St-Zip: WINTER HAVEN, FL 33881

I hereby certify that the information supplied with this filing does not qualify for the exemption stated 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 electronic 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 above, or on an attachment with an address, with all other like empowered.

SIGNATURE: MAE WALKER

PRE

06/05/2008

Electronic Signature of Signing Officer or Director

Date