

2007 FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# P00000076583

Entity Name: BEEMAN'S NURSERY INC

FILED
Feb 12, 2007
Secretary of State

Current Principal Place of Business:

3637 STATE RD. 44
NEW SMYRNA BEACH, FL 32168

New Principal Place of Business:

Current Mailing Address:

3637 STATE RD. 44
NEW SMYRNA BEACH, FL 32168

New Mailing Address:

FEI Number: 59-3662752

FEI Number Applied For ()

FEI Number Not Applicable ()

Certificate of Status Desired ()

Name and Address of Current Registered Agent:

BEEMAN, STEPHEN E
309 SOUTH INDIAN RIVER ROAD
NEW SMYRNA BEACH, FL 32169 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

Election Campaign Financing Trust Fund Contribution ().

OFFICERS AND DIRECTORS:

Title: PD () Delete
Name: BEEMAN, STEPHEN E
Address: 309 SOUTH INDIAN RIVER ROAD
City-St-Zip: NEW SMYRNA BEACH, FL 32169

Title: SD () Delete
Name: BEEMAN, GRACYE R
Address: 309 SOUTH INDIAN RIVER ROAD
City-St-Zip: NEW SMYRNA BEACH, FL 32169

Title: V () Delete
Name: BEEMAN, FOREST M
Address: 3637 STATE ROAD 44
City-St-Zip: NEW SMYRNA BEACH, FL 32168

Title: T () Delete
Name: LINSLEY, COLETTE M
Address: 3637 STATE ROAD 44
City-St-Zip: NEW SMYRNA BEACH, FL 32168

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

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

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

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

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

I hereby certify that the information supplied with this filing does not qualify for the 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: COLETTE LINSLEY

T

02/12/2007

Electronic Signature of Signing Officer or Director

Date