


# 2007 FOR PROFIT CORPORATION ANNUAL REPORT

**FILED**  
**Apr 30, 2007 8:00 am**  
**Secretary of State**

04-30-2007 90843 050 \*\*\*150.00

<b>DOCUMENT # P00000098078</b>	
1. Entity Name <b>BEE RIDGE INVESTMENTS, INC.</b>	

Principal Place of Business <b>176 SARASOTA CENTER BLVD SARASOTA, FL 34240</b>	Mailing Address <b>176 SARASOTA CENTER BLVD SARASOTA, FL 34240</b>
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2. Principal Place of Business - No P.O. Box # <b>8140 Fruitville Rd</b>	3. Mailing Address <b>8140 Fruitville Rd</b>
Suite, Apt. #, etc.	Suite, Apt. #, etc.

City & State <b>Sarasota FL</b>	City & State <b>Sarasota FL</b>
Zip <b>34240</b>	Zip <b>34240</b>
Country	Country

6. Name and Address of Current Registered Agent <b>FISCHER, RICHARD M 176 SARASOTA CENTER BLVD SARASOTA, FL 34240</b>	
7. Name and Address of New Registered Agent Name Street Address (P.O. Box Number is Not Acceptable) City <b>FL</b> Zip Code	

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 _____ <small>Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating)</small>	
DATE _____	

<b>FILE NOW!!! FEE IS \$150.00 After May 1, 2007 Fee will be \$550.00</b>	9. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/> <b>\$5.00</b> May Be Added to Fees
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10. OFFICERS AND DIRECTORS		11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<b>D FISCHER, RICHARD 176 SARASOTA CENTER BLVD SARASOTA, FL 34240</b> <input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
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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 attachment with an address, with all other like empowered.	
SIGNATURE: <b>RPH</b> <small>SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR</small>	Date: <b>10/13/07</b> 941-356-7580 <small>Daytime Phone #</small>