2006 FOR PROFIT CORPORATION ANNUAL REPORT

FILED Feb 03, 2006 08:00 AM Secretary of State DOCUMENT # P00000099004 BEE RIDGE INVESTORS, INC. Principal Place of Business Mailing Address 2042 BEE RIDGE ROAD 2042 BEE RIDGE ROAD SARASOTA, FL 34239 SARASOTA, FL 34239 01302006 No Chg-P CR2E034 (11/05) DO NOT WRITE IN THIS SPACE 4. FEI Number Applied For 65-1048941 Not Applicable \$8.75 Additional 5. Certificate of Status Desired Fee Required 5. Name and Address of Current Registered Agent VOIGT & VOIGT, P.A. DO NOT WRITE 2042 BEE RIDGE RD. SARASOTA, FL 34239 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, typed or printed name of registered agent and title if explicable. (NOTE: Registered Agent signature required when reinstating) DATE UDUUUU418362 8. Election Campaign Financing FILE NOW!!! FEE IS \$150.00 After May 1, 2006 Fee will be \$550.00 \$5.00 May Be 02/14/08-80004-015 150.00 Trust Fund Contribution. П Added to Fees 10. OFFICERS AND DIRECTORS TITLE VOIGT, STEPHEN F SR NAME STREET ADDRESS 2042 BEE RIDGE RD. CITY-ST-ZIP SARASOTA, FL 34239 TITLE NAME STREET ADDRESS CITY-ST-ZIP NAME STREET ADDRESS DO NOT WRITE CITY-ST-ZP IN THIS SPACE STREET ADDRESS CITY-ST-ZIP NAME STREET ADDRESS CUTY-ST-ZIP NAME

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 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:

STREET ADDRESS CITY-ST-ZIP

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

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