2009 FOR PROFIT CORPORATION ANNUAL REPORT 2009

DOCUMENT # P01000000040

1. Entity Name
BETH & BOB, INC.

FILED
09 JAN 28 AM 9:28
SECRETARY OF STATE
TALLAHASSEE, FLORIDA

Principal Place of Business	Mailing Address
30336 PALM DRIVE BIG PINE KEY, FL 33043	30336 PALM DRIVE BIG PINE KEY, FL 33043

12232008 Chg-P CR2E034 (12/06)

2. Principal Place of Business - No P.O. Box #	3. Mailing Address
29859 OVER SEAS HWY	P.O. Box 431473
Suite, Apt #, etc: A-6	Suite, Apt #, etc
City & State: BIG PINE KEY FL	City & State: BIG PINE KEY FL
Zip: 33043 Country: USA	Zip: 33043 Country: USA

4. FEI Number: 65-1071723 ☐ Applied For ☐ Not Applicable

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

6. Name and Address of Current Registered Agent	7. Name and Address of New Registered Agent
MCNAIR, ROBERT 30336 PALM DRIVE BIG PINE KEY, FL 33043	Name: MCNAIR, BETH Street Address (P.O. Box Number is Not Acceptable): 29859 OVER SEAS HWY LOT A6 City: BIG PINE KEY FL Zip Code: 33043

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: Beth McNair PTP
Signature, typed or printed name of registered agent, and title if applicable (NOTE: Registered Agent signature required when reinstating) DATE

Amended AR is $61.25

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

10. OFFICERS AND DIRECTORS			11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11	
TITLE / NAME / STREET ADDRESS / CITY ST ZIP	PTD MCNAIR, ROBERT 30336 PALM DRIVE BIG PINE KEY, FL 33043	☒ Delete	PTD MCNAIR BETH 29859 OVER SEAS HWY BIG PINE KEY FL 33043	☒ Change ☒ Addition
TITLE / NAME / STREET ADDRESS / CITY ST ZIP	SVD MCNAIR, BETH 30336 PALM DRIVE BIG PINE KEY, FL 33043	☒ Delete	~~SVD~~ Resign ~~MCNAIR ROBERT~~ ~~29859 OVER SEAS HWY~~ ~~BIG PINE KEY~~ FL 33043	☒ Change ☐ Addition
TITLE / NAME / STREET ADDRESS / CITY ST ZIP		☐ Delete	~~100142298591~~ 01/06/09--01017--001 **70.00	☐ Change ☐ Addition
TITLE / NAME / STREET ADDRESS / CITY ST ZIP		☐ Delete		☐ Change ☐ Addition
TITLE / NAME / STREET ADDRESS / CITY ST ZIP		☐ Delete	100142298591 01/28/09--01029--003 **88.75	☐ Change ☐ Addition
TITLE / NAME / STREET ADDRESS / CITY ST ZIP		☐ Delete		☐ Change ☐ Addition

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: Beth McNair - Beth McNair PTD 1-1-09 305-872-9262
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR — Date — Daytime Phone #

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