

04-29-2004 90279 002 ***150.00

FILE P01000044857

**2004 FOR PROFIT CORPORATION
ANNUAL REPORT**

DOCUMENT # P01000044857

1. Entity Name
BRIAN BEVAN, INCORPORATEDFILED
SECRETARY OF STATE
DIVISION OF CORPORATIONS

04 SEP 23 PM 4:08

14011449

Principal Place of Business
5776 ENTERPRISE PARKWAY
FORT MYERS, FL 33902Mailing Address
POST OFFICE BOX 60777
FORT MYERS, FL 33906

2. Principal Place of Business

6309 Corporate Court
Suite, Apt. #, etc.
#103

3. Mailing Address

AS above
Suite, Apt. #, etc.

City & State

Fort Myers

City & State

Zip

33919

Country

USA

Zip

Country

04252004

Chg-P

CR2E034 (10/03)

4. FEI Number

Applied For

☒ Not Applicable

5. Certificate of Status Desired

\$8.75 Additional
Fee Required

6. Name and Address of Current Registered Agent

BEVAN, BRIAN
5776 ENTERPRISE PARKWAY
FT. MYERS, FL 33902

7. Name and Address of New Registered Agent

Name

Street Address (P.O. Box Number Is Not Acceptable)

6309 Corporate Court
#103

City

Fort Myers

FL

Zip Code

33919

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

Signature, typed or printed name of registered agent and title if applicable.

(NOTE: Registered Agent signature required when reinstating)

DATE

FILE NOW!!! FEE IS \$150.00
After May 1, 2004 Fee will be \$550.009. Election Campaign Financing
Trust Fund Contribution. ☐\$5.00 May Be
Added to Fees

10. OFFICERS AND DIRECTORS

TITLE PSTD
NAME BEVAN, BRIAN
STREET ADDRESS 1776 ENTERPRISE PARKWAY
CITY-ST-ZIP FORT MYERS, FL 33902TITLE
NAME
STREET ADDRESS
CITY-ST-ZIPTITLE
NAME
STREET ADDRESS
CITY-ST-ZIPTITLE
NAME
STREET ADDRESS
CITY-ST-ZIPTITLE
NAME
STREET ADDRESS
CITY-ST-ZIPTITLE
NAME
STREET ADDRESS
CITY-ST-ZIP

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIPTITLE
NAME
STREET ADDRESS
CITY-ST-ZIPTITLE
NAME
STREET ADDRESS
CITY-ST-ZIPTITLE
NAME
STREET ADDRESS
CITY-ST-ZIPTITLE
NAME
STREET ADDRESS
CITY-ST-ZIPTITLE
NAME
STREET ADDRESS
CITY-ST-ZIP

12. I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Section 119.07(3)(f), 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: *Brian Bevan*

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

BRIAN BEVAN

4/26/04

Date

239-939-2400

Daytime Phone #