FOR PROFIT CORPORATION
ANNUAL REPORT (AR)

DOCUMENT # PO10000 44851

1. Entity Name
Brian Bevan, Incorporated

DO NOT WRITE IN THIS SPACE

2. Principal Place of Business
924 N.E. 24th Lane
Suite, Apt. #, etc.
#1

City & State Cape Coral, FL
Zip 33909   Country Lee

3. Mailing Address
P.O. Box 60777
Suite, Apt. #, etc.

City & State Ft. Myers, FL
Zip 33906   Country Lee

CR2E034B (8/05)

4. FEI Number   Applied For | X Not Applicable

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

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7. Name and Address of Current Registered Agent

Name Jane Bevan

Street Address (P.O. Box Number is Not Acceptable)
924 N.E. 24th Lane #1

City Cape Coral   FL   Zip Code 33909

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 Jane Bevan

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

DATE 5/2/08

January 1 - May 1 Fee is $150.00
After May 1, Fee is $550.00
Amended AR is $61.25
Make Check Payable to Florida Department of State

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

10.   OFFICERS AND DIRECTORS

TITLE		President
NAME	Brian Bevan	
STREET ADDRESS	PO Box 60777	
CITY-ST-ZIP	Fort Myers Fla 33906	

TITLE		Vice President
NAME	Jane Bevan	
STREET ADDRESS	PO Box 60777	
CITY-ST-ZIP	Fort Myers Fl 33906	

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12. I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Section 119.07(3)(i), 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 on an attachment with an address, with all other like empowered.

SIGNATURE: Jane Bevan   Jane Bevan
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR
Date 5/2/08   Daytime Phone # 239-939-2400