

**2007 FOR PROFIT CORPORATION
ANNUAL REPORT**

FILED
Apr 23, 2007 8:00 am
Secretary of State

04-23-2007 90061 040 ***150.00

DOCUMENT # P01000081769

1. Entity Name
BESWICK & BESWICK CORP.



Principal Place of Business
**2688 BELLERIVE DR
LAKE LAND, FL 33803**

Mailing Address
**P.O. BOX 2718
LAKE LAND, FL 33806-2718**



04182007 No Chg-P CR2E034 (11/05)

4. FEI Number
59-3742233

Applied For
Not Applicable

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

DO NOT WRITE IN THIS SPACE

6. Name and Address of Current Registered Agent

**BESWICK, ROBERT K
2688 BELLERIVE DR
LAKE LAND, FL 33803**

**DO NOT WRITE
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 _____

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, 2007 Fee will be \$550.00**

9. Election Campaign Financing
Trust Fund Contribution. ☐

**\$5.00 May Be
Added to Fees**

10. OFFICERS AND DIRECTORS

TITLE **P**
NAME **BESWICK, ROBERT K**
STREET ADDRESS **2688 BELLERICE DR**
CITY-ST-ZIP **LAKE LAND, FL 33803**

TITLE **V**
NAME **BESWICK, BRYAN**
STREET ADDRESS **2912 S.E. HIGHWAY 31**
CITY-ST-ZIP **ARCADIA, FL 34266**

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE
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CITY-ST-ZIP

**DO NOT WRITE
IN THIS SPACE**

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: _____

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

4-19-07 863-682-7303