

**2006 FOR PROFIT CORPORATION
ANNUAL REPORT**

FILED
May 01, 2006 08:00 AM
Secretary of State

DOCUMENT # P02000067890 1. Entity Name BECKALEE FOODS, INC.			
Principal Place of Business 2519 WISTERIA ST SARASOTA, FL 34239		Mailing Address 2519 WISTERIA ST SARASOTA, FL 34239	
DO NOT WRITE IN THIS SPACE		 04112006 No Chg-P CR2E034 (11/05)	
4. FEI Number 01-0720591		☐ Applied For ☐ Not Applicable	
		5. Certificate of Status Desired ☐ \$8.75 Additional Fee Required	
6. Name and Address of Current Registered Agent VOIGT, STEPHEN F 2042 BEE RIDGE RD SARASOTA, FL 34239		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, 2006 Fee will be \$550.00		9. Election Campaign Financing Trust Fund Contribution. ☐ \$5.00 May Be Added to Fees	
10. OFFICERS AND DIRECTORS		UN00000555196 05/18/06-R00024-019 150.00	
TITLE	P	DO NOT WRITE IN THIS SPACE	
NAME	WINTER, SCOTT		
STREET ADDRESS	2519 WISTERIA ST		
CITY - ST - ZIP	SARASOTA, FL 34239		
TITLE	VP		
NAME	WINTER, REBECCA		
STREET ADDRESS	2519 WISTERIA ST	DO NOT WRITE IN THIS SPACE	
CITY - ST - ZIP	SARASOTA, FL 34239		
TITLE			
NAME			
STREET ADDRESS			
CITY - ST - ZIP			
TITLE		DO NOT WRITE IN THIS SPACE	
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TITLE			
NAME			
STREET ADDRESS			
CITY - ST - ZIP			
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: <u>Scott J Winter</u> <u>Scott Winter</u> <u>4-11-06</u>		SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #	