

# 2007 FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# P02000076262

Entity Name: FLORIDA SUNBEEMERS, INC.

FILED  
Mar 19, 2007  
Secretary of State

## Current Principal Place of Business:

431 OLD MAIN STREET  
BRADENTON, FL 34205

## New Principal Place of Business:

## Current Mailing Address:

431 OLD MAIN STREET  
BRADENTON, FL 34205

## New Mailing Address:

FEI Number: 65-0364443

FEI Number Applied For ( )

FEI Number Not Applicable ( )

Certificate of Status Desired ( )

## Name and Address of Current Registered Agent:

NOLAN, TOM  
431 OLD MAIN STREET  
BRADENTON, FL 34205 US

## Name and Address of New Registered Agent:

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.

SIGNATURE: \_\_\_\_\_

Electronic Signature of Registered Agent

\_\_\_\_\_ Date

Election Campaign Financing Trust Fund Contribution ( ).

## OFFICERS AND DIRECTORS:

Title: P ( ) Delete  
Name: HARVEY, JERRY  
Address: 5632 RAVENWOOD DR  
City-St-Zip: SARASOTA, FL 34243

Title: V ( ) Delete  
Name: JW, AUSTIN  
Address: 3944 TRENTWOOD PL.  
City-St-Zip: SARASOTA, FL 34243

Title: S ( ) Delete  
Name: BAKER, KATHERINE  
Address: 5777 WHISTLEWOOD CIRCLE  
City-St-Zip: SARASOTA, FL 34232

Title: T ( ) Delete  
Name: NOLAN, TOM  
Address: 431 OLD MAIN STREET  
City-St-Zip: BRADENTON, FL 34205

## ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

Title: P (X) Change ( ) Addition  
Name: FOWLER, BOB  
Address: 200 S. WASHINGTON BLVD  
City-St-Zip: SARASOTA, FL 34236

Title: V (X) Change ( ) Addition  
Name: FIEL, MIKE  
Address: 3522 JAFFA DR  
City-St-Zip: SARASOTA, FL 34239

Title: S (X) Change ( ) Addition  
Name: FIEL, BERVERLY  
Address: 3522 JAFFA DR  
City-St-Zip: SARASOTA, FL 34239

Title: ( ) Change ( ) Addition  
Name:  
Address:  
City-St-Zip:

I hereby certify that the information supplied with this filing does not qualify for the for the exemption stated 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 electronic 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 above, or on an attachment with an address, with all other like empowered.

SIGNATURE: TOM NOLAN

T

03/19/2007

Electronic Signature of Signing Officer or Director

\_\_\_\_\_ Date