

2008 FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# P02000076262

Entity Name: FLORIDA SUNBEEMERS, INC.

FILED
Jan 09, 2008
Secretary of State

Current Principal Place of Business:

431 OLD MAIN STREET
BRADENTON, FL 34205

New Principal Place of Business:

431 OLD MAIN STREET
203
BRADENTON, FL 34205

Current Mailing Address:

431 OLD MAIN STREET
BRADENTON, FL 34205

New Mailing Address:

431 OLD MAIN STREET
203
BRADENTON, FL 34205

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:

NOLAN, TOM
431 OLD MAIN STREET
203
BRADENTON, FL 34205 US

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: TOM NOLAN

01/09/2008

Electronic Signature of Registered Agent

Date

Election Campaign Financing Trust Fund Contribution ().

OFFICERS AND DIRECTORS:

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

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

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

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: GLENN, HARRISON
Address: 885 SHORE RD
City-St-Zip: NOKOMIS, FL 34275

Title: V (X) Change () Addition
Name: PONELEIT, BOB
Address: 6320 ELMWOOD AVE
City-St-Zip: SARASOTA, FL 34231

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

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

I hereby certify that the information supplied with this filing does not qualify 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

TREA

01/09/2008

Electronic Signature of Signing Officer or Director

Date