2008 FOR PROFIT CORPORATION ANNUAL REPORT (AR)

FILED
Feb 04, 2008 8:00 am
Secretary of State
02-04-2008 90036 012 ***150.00

DOCUMENT # P03000031706

1. Entity Name
BEAD BAR, INC.

Principal Place of Business
1319 EDGEWATER DRIVE
ORLANDO FL 32804

Mailing Address
1319 EDGEWATER DRIVE
ORLANDO FL 32804

1st MOORE CR2E034 (10/07)

2. Principal Place of Business - No P.O. Box #: 1319 Edgewater DR
Suite, Apt. #, etc.
City & State: Orlando, FL
Zip: 32804 Country: Orange

3. Mailing Address: 1319 Edgewater Dr.
Suite, Apt. #, etc.
City & State: Orlando, FL
Zip: 32804 Country: Orange

4. FEI Number: 65-1181827 ☐ Applied For ☐ Not Applicable

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

6. Name and Address of Current Registered Agent

DAMERON, JEFFREY
1319 EDGEWATER DRIVE
ORLANDO FL 32804

7. Name and Address of New Registered Agent
Name
Street Address (P.O. Box Number is Not Acceptable)
City FL Zip Code

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, 2008 Fee Will Be $550.00
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			11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11	
TITLE	VSD	☐ Delete	TITLE	☐ Change ☐ Addition
NAME	DAMERON, JEFFREY		NAME	
STREET ADDRESS	1319 EDGEWATER DRIVE		STREET ADDRESS	
CITY-ST-ZIP	ORLANDO FL 32804		CITY-ST-ZIP	
TITLE	PT	☐ Delete	TITLE	☐ Change ☐ Addition
NAME	DAMERON, SONIA		NAME	
STREET ADDRESS	1319 EDGEWATER DRIVE		STREET ADDRESS	
CITY-ST-ZIP	ORLANDO FL 32804		CITY-ST-ZIP	
TITLE		☐ Delete	TITLE	☐ Change ☐ Addition
NAME			NAME	
STREET ADDRESS			STREET ADDRESS	
CITY-ST-ZIP			CITY-ST-ZIP	
TITLE		☐ Delete	TITLE	☐ Change ☐ Addition
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CITY-ST-ZIP			CITY-ST-ZIP	
TITLE		☐ Delete	TITLE	☐ Change ☐ Addition
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CITY-ST-ZIP			CITY-ST-ZIP	
TITLE		☐ Delete	TITLE	☐ Change ☐ Addition
NAME			NAME	
STREET ADDRESS			STREET ADDRESS	
CITY-ST-ZIP			CITY-ST-ZIP	

12. I hereby certify that the information supplied with this filing does not qualify for the exemptions contained in Section 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: Jeffrey C. Dameron 1-24-08 4074269862
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #