

2007 FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT # P03000063036

1. Entity Name
BEAUTIFUL DRAW ENTERPRISES, INCORPORATED



FILED

07 APR 26 AM 9:20

DEPARTMENT OF STATE
TALLAHASSEE, FLORIDA



Principal Place of Business
P.O. BOX 1186
PORT ST JOE, FL 32457

Mailing Address
P.O. BOX 1186
PORT ST JOE, FL 32457

2. Principal Place of Business - No P.O. Box #
101 North Bay Street
Suite, Apt. #, etc.

3. Mailing Address
P.O. Box 1343
Suite, Apt. #, etc.

City & State
Port St. Joe, Florida
Zip
32456
Country

City & State
Port St. Joe, Florida
Zip
32457
Country

04182007 Chg-P CR2E034 (12/06)

4. FEI Number
56-2357418
Applied For
Not Applicable

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

6. Name and Address of Current Registered Agent

WARD, DEBBIE Y
101 N BAY ST
PORT ST JOE, FL 32457

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, 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
NAME
STREET ADDRESS
CITY - ST - ZIP
P
WARD, ARION J
P.O. BOX 1186
PORT ST JOE, FL 32457 ☐ Delete

TITLE
NAME
STREET ADDRESS
CITY - ST - ZIP
V
WARD, DEBBIE Y
P.O. BOX 1186
PORT ST JOE, FL 32457 ☐ Delete

TITLE
NAME
STREET ADDRESS
CITY - ST - ZIP
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11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE
NAME
STREET ADDRESS
CITY - ST - ZIP
☐ Change ☐ Addition

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CITY - ST - ZIP
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800101223908
05/02/07--01044--008 **158.75

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☐ Change ☐ Addition

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: Debbie Y. Ward / Debbie Y. Ward
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

4-26-07 850-229-2619
Date Daytime Phone #