

# 2008 FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT # P03000063036

1. Entity Name  
BEAUTIFUL DRAW ENTERPRISES, INCORPORATED



Principal Place of Business  
101 NORTH BAY STREET  
PORT ST JOE, FL 32456

Mailing Address  
P.O. BOX 1343  
PORT ST JOE, FL 32457

**FILED**

08 APR 28 PM 4:08

SECRETARY OF STATE  
TALLAHASSEE, FLORIDA



04202008 No Chg-P CR2E034 (11/05)

4. FEI Number  
56-2357418

Applied For  
Not Applicable

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

**DO NOT WRITE IN THIS SPACE**

6. Name and Address of Current Registered Agent

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

**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 \_\_\_\_\_ (NOTE: Registered Agent signature required when reinstating) DATE \_\_\_\_\_

**FILE NOW!!! FEE IS \$150.00  
After May 1, 2008 Fee will be \$550.00**

9. Election Campaign Financing  
Trust Fund Contribution. ☐ \$5.00 May Be Added to Fees

10. OFFICERS AND DIRECTORS

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

700126397497  
04/29/08--01001--014 \*\*158.75

**DO NOT WRITE  
IN THIS SPACE**

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 4-22-08 850-229-2619

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #