


2004 FOR PROFIT CORPORATION ANNUAL REPORT

FILED
Feb 06, 2004 8:00 am
Secretary of State

02-06-2004 90031 019 ***163.75

DOCUMENT # P03000068229					
1. Entity Name BEETLEBOOTS, INC.					
Principal Place of Business 2539 S.E. GRAND DRIVE PORT ST. LUCIE, FL 34952			Mailing Address 2539 S.E. GRAND DRIVE PORT ST. LUCIE, FL 34952		
2. Principal Place of Business		3. Mailing Address			
Suite, Apt. #, etc.		Suite, Apt. #, etc.			
City & State		City & State			
Zip	Country	Zip	Country	4. FFI Number 54-2116293	
5. Certificate of Status Desired <input checked="" type="checkbox"/>				\$8.75 Additional Fee Required	
6. Name and Address of Current Registered Agent SPIEGEL & UTRERA, P.A. 1840 SOUTHWEST 22 STREET, 4TH FLOOR MIAMI, FL 33145			7. Name and Address of New Registered Agent Name <u>BARBARA THURMAN</u> Street Address (P.O. Box Number is Not Acceptable) <u>2539 SE GRAND DRIVE</u> City <u>PORT ST. LUCIE</u> FL <u>34952</u>		
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 <u>[Signature]</u> <small>Signature, typed or printed name of registered agent and title if applicable.</small>		<u>BARBARA THURMAN</u> <small>(NOTE: Registered Agent signature required when reinstating)</small>		<u>02-02-04</u> <small>DATE</small>	
FILE NOW!!! FEE IS \$150.00 After May 1, 2004 Fee will be \$550.00		9. Election Campaign Financing <input checked="" type="checkbox"/> \$5.00 May Be Added to Fees			
10. OFFICERS AND DIRECTORS			11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11		
TITLE NAME STREET ADDRESS CITY-ST-ZIP	DVP THURMAN, BARBARA 2539 S.E. GRAND DRIVE PORT ST. LUCIE, FL 34952	<input type="checkbox"/> Delete			
TITLE NAME STREET ADDRESS CITY-ST-ZIP	ST THURMAN, BARBARA 2539 S.E. GRAND DRIVE PORT ST. LUCIE, FL 34952	<input type="checkbox"/> Delete			
TITLE NAME STREET ADDRESS CITY-ST-ZIP	P MULLEN, RONALS 2539 S.E. GRAND DRIVE PORT ST. LUCIE, FL 34952	<input checked="" type="checkbox"/> Delete			
TITLE NAME STREET ADDRESS CITY-ST-ZIP	P MULLEN, RONALD 2539 SE GRAND DRIVE PORT ST. LUCIE, FL 34952	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition			
TITLE NAME STREET ADDRESS CITY-ST-ZIP	[Empty]	<input type="checkbox"/> Delete			
TITLE NAME STREET ADDRESS CITY-ST-ZIP	[Empty]	<input type="checkbox"/> Delete			
TITLE NAME STREET ADDRESS CITY-ST-ZIP	[Empty]	<input type="checkbox"/> Delete			
12. I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Section 607.01, 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 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: <u>[Signature]</u> <small>SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR</small>		<u>02-02-04</u> <u>772-781-5353</u> <small>Date Daytime Phone #</small>			

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01232004 Chg-P CR2E034 (10/03)

4. FFI Number 54-2116293 Applied For Not Applicable

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

6. Name and Address of Current Registered Agent

SPIEGEL & UTRERA, P.A.
1840 SOUTHWEST 22 STREET, 4TH FLOOR
MIAMI, FL 33145

Name BARBARA THURMAN

Street Address (P.O. Box Number is Not Acceptable)
2539 SE GRAND DRIVE

City PORT ST. LUCIE FL Zip Code 34952

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]
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, 2004 Fee will be \$550.00

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

10. OFFICERS AND DIRECTORS

TITLE DVP
NAME THURMAN, BARBARA
STREET ADDRESS 2539 S.E. GRAND DRIVE
CITY-ST-ZIP PORT ST. LUCIE, FL 34952

Delete

TITLE ST
NAME THURMAN, BARBARA
STREET ADDRESS 2539 S.E. GRAND DRIVE
CITY-ST-ZIP PORT ST. LUCIE, FL 34952

Delete

TITLE P
NAME MULLEN, RONALS
STREET ADDRESS 2539 S.E. GRAND DRIVE
CITY-ST-ZIP PORT ST. LUCIE, FL 34952

Delete

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP

Delete

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP

Delete

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP

Delete

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP

Change Addition

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP

Change Addition

TITLE P
NAME MULLEN, RONALD
STREET ADDRESS 2539 SE GRAND DRIVE
CITY-ST-ZIP PORT ST. LUCIE, FL 34952

Change Addition

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP

Change Addition

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP

Change Addition

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP

Change Addition

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SIGNATURE: [Signature]
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

02-02-04 772-781-5353
Date Daytime Phone #