## 2007 FOR PROFIT CORPORATION - ANNUAL REPORT

## Apr 20, 2007 08:00 AM Secretary of State DOCUMENT # P03000154465 1. Entity Name GLEN BEYENBERG, INC. Principal Place of Business Mailing Address 3 CLASSIC CT SOUTH 3 CLASSIC CT SOUTH PALM COAST, FL 32137 PALM COAST, FL 32137 02052007 No Chg-P CR2E034 (11/05) DO NOT WRITE IN THIS SPACE 4. FEI Number Applied For 06-1540464 Not Applicable \$8.75 Additional 5. Certificate of Status Desired Fee Required 6. Name and Address of Current Registered Agent BEYENBERG, GLENN DO NOT WRITE 3 CLASSIC CT SOUTH PALM COAST, FL 32137 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 Signature, typed or printed name of registered agent and title if applicable (NOTE: Registered Agent signature required when reinstating) 9. Election Campaign Financing \$5.00 May Be FILE NOW!!! FEE IS \$150.00 Trust Fund Contribution. After May 1, 2007 Fee will be \$550.00 Added to Fees 10. OFFICERS AND DIRECTORS D TITLE NAME BEYENBERG, GLEN STREET ADDRESS 3 CLASSIC CT SOUTH CITY-ST-ZIP PALM COAST, FL 32137 NAME STREET ADDRESS U000000718956 CITY-ST-ZIP 05/01/07-80042-014 150.00 TITLE NAME STREET ADDRESS DO NOT WRITE CITY-ST-ZIP TITLE IN THIS SPACE NAME STREET ADDRESS CITY-ST-7IP TITLE NAME STREET ADDRESS CITY-ST-7IP TITLE

12. I hereby certify that the information supplied with this filling 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 addresse, with all other like empowered.

SIGNATURE:

STREET ADDRESS CITY-ST-ZIP

INTER NAME OF SIGNING OFFICER OR DIRECTOR

**FILED**