

2004 FOR PROFIT CORPORATION ANNUAL REPORT

FILED
Apr 29, 2004 8:00 am
Secretary of State

04-29-2004 90281 039 ***150.00

DOCUMENT # P04000003721

1. Entity Name
B.E.E. SERVICES INC.



Principal Place of Business
**5915 ESTES LN
WESLEY CHAPEL, FL 33544**

Mailing Address
**5915 ESTES LN
WESLEY CHAPEL, FL 33544**

15011012



2. Principal Place of Business

3. Mailing Address

04272004 Chg-P CR2E034 (10/03)

Suite, Apt. #, etc.

Suite, Apt. #, etc.

4. FEI Number
87-0717001

Applied For
Not Applicable

City & State

City & State

5. Certificate of Status Desired ☐

**\$8.75 Additional
Fee Required**

Zip

Country

Zip

Country

6. Name and Address of Current Registered Agent

7. Name and Address of New Registered Agent

**GLASSEN, BERNIE
5915 ESTES LN
WESLEY CHAPEL, FL 33544**

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, 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 PD
NAME GLASSEN, BERNIE
STREET ADDRESS 5915 ESTES LN
CITY-ST-ZIP WESLEY CHAPEL, FL 33544 ☐ Delete

TITLE D
NAME GLASSEN, EARLE
STREET ADDRESS 5915 ESTES LN
CITY-ST-ZIP WESLEY CHAPEL, FL 33544 ☒ Delete

TITLE D
NAME BOWMAN, ED
STREET ADDRESS 18423 STERLING SILVER CIR
CITY-ST-ZIP LUTZ, FL 33549 ☒ 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
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STREET ADDRESS
CITY-ST-ZIP ☐ Change ☐ Addition

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

12. I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Section 119.07(3)(i), 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:

Bernie Glassen

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

4-20-04

813-731-245

Date

Daytime Phone #