

**2007 FOR PROFIT CORPORATION
ANNUAL REPORT**

FILED
Jan 16, 2007 08:00 AM
Secretary of State

DOCUMENT # P04000126855

1. Entity Name
BEERMECH INC.



Principal Place of Business
**3861 SHADER ROAD
ORLANDO, FL 32808-3132**

Mailing Address
**3861 SHADER ROAD
ORLANDO, FL 32808-3132**

DO NOT WRITE IN THIS SPACE



01082007 No Chg-P CR2E034 (11/05)

4. FEI Number
20-1584061

Applied For
Not Applicable

5. Certificate of Status Desired ☐

**\$8.75 Additional
Fee Required**

6. Name and Address of Current Registered Agent

**BOYLES, WILLIAM A
301 E PINE STREET STE. 1400
ORLANDO, FL 32801**

**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 _____

Signature, typed or printed name of registered agent and title if applicable.

(NOTE: Registered Agent signature required when renewing)

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**

000000587052
01/17/07-80017-013 150.00

10. OFFICERS AND DIRECTORS

TITLE	DST
NAME	SCHENCK, JEFFREY C
STREET ADDRESS	3861 SHADER ROAD
CITY-ST-ZIP	ORLANDO, FL 328083132
TITLE	DP
NAME	SCHENCK, JAY G M
STREET ADDRESS	3861 SHADER ROAD
CITY-ST-ZIP	ORLANDO, FL 328083132
TITLE	S
NAME	BOYLES, WILLIAM A
STREET ADDRESS	301 E PINE STREET STE 1400
CITY-ST-ZIP	ORLANDO, FL 32801
TITLE	
NAME	
STREET ADDRESS	
CITY-ST-ZIP	
TITLE	
NAME	
STREET ADDRESS	
CITY-ST-ZIP	

**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 persons empowered.

SIGNATURE: _____

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR
Jeffrey C. Schenck, Treasurer

Date

Daytime Phone # _____