


2007 FOR PROFIT CORPORATION ANNUAL REPORT

FILED
Feb 23, 2007 8:00 am
Secretary of State

02-23-2007 90030 043 ***150.00

DOCUMENT # P05000054216

1. Entity Name
BRUCE R. BEEMER, P.A.



Principal Place of Business Mailing Address
5900 N ANDREWS AVENUE STE 100 **5900 N ANDREWS AVENUE STE 100**
FT LAUDERDALE, FL 33309 **FT LAUDERDALE, FL 33309**

00010732



2. Principal Place of Business - No P.O. Box # 3. Mailing Address
111 N. POMPANO BEACH Blvd **111 N. POMPANO BEACH Blvd**
 Suite, Apt. #, etc. Suite, Apt. #, etc.
STE. 913 **STE. 913**

02212007 Chg-P CR2E034 (12/06)

City & State City & State
POMPANO BEACH, FL **POMPANO BEACH, FL**
 Zip Country Zip Country
33062 **USA** **33062** **USA**

4. FEI Number Applied For
20-2665369 Not Applicable

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

6. Name and Address of Current Registered Agent
BEEMER, BRUCE R
5900 N ANDREWS AVENUE STE 100
FT LAUDERDALE, FL 33309

7. Name and Address of New Registered Agent
 Name **BRUCE R. BEEMER**
 Street Address (P.O. Box Number is Not Acceptable) **111 N. POMPANO BEACH Blvd**
STE 913
 City **POMPANO BEACH FL** Zip Code **33062**

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 *Bruce R. Beemer* DATE **2/21/07**

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, 2007 Fee will be \$550.00

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

10. OFFICERS AND DIRECTORS		11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11	
TITLE	D <input type="checkbox"/> Delete	TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	BEEMER, BRUCE R	NAME	
STREET ADDRESS	5900 N ANDREWS AVENUE STE 100	STREET ADDRESS	
CITY-ST-ZIP	FT LAUDERDALE, FL 33309	CITY-ST-ZIP	
TITLE	<input type="checkbox"/> Delete	TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		NAME	
STREET ADDRESS		STREET ADDRESS	
CITY-ST-ZIP		CITY-ST-ZIP	
TITLE	<input type="checkbox"/> Delete	TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		NAME	
STREET ADDRESS		STREET ADDRESS	
CITY-ST-ZIP		CITY-ST-ZIP	
TITLE	<input type="checkbox"/> Delete	TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		NAME	
STREET ADDRESS		STREET ADDRESS	
CITY-ST-ZIP		CITY-ST-ZIP	
TITLE	<input type="checkbox"/> Delete	TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		NAME	
STREET ADDRESS		STREET ADDRESS	
CITY-ST-ZIP		CITY-ST-ZIP	

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: *Bruce R. Beemer* Date **2/21/07** Daytime Phone # **754-422-1340**

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR DATE Daytime Phone #