

# 2007 FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# P05000070343

FILED  
Apr 22, 2007  
Secretary of State

Entity Name: THE BESAW CORPORATION

## Current Principal Place of Business:

10212 STONECROP AVE.  
ENGLEWOOD, FL 34224

## New Principal Place of Business:

## Current Mailing Address:

10212 STONECROP AVE.  
ENGLEWOOD, FL 34224

## New Mailing Address:

FEI Number: 37-1509636

FEI Number Applied For ( )

FEI Number Not Applicable ( )

Certificate of Status Desired ( )

## Name and Address of Current Registered Agent:

BESAW, PAUL  
10212 STONECROP AVE.  
ENGLEWOOD, FL 34224 US

## Name and Address of New Registered Agent:

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.

SIGNATURE:

Electronic Signature of Registered Agent

Date

Election Campaign Financing Trust Fund Contribution ( ).

## OFFICERS AND DIRECTORS:

Title: P ( ) Delete  
Name: BESAW, PAUL  
Address: 10212 STONECROP AVE.  
City-St-Zip: ENGLEWOOD, FL 34224

Title: VS ( ) Delete  
Name: BESAW, CINDY K  
Address: 10212 STONECROP AVE.  
City-St-Zip: ENGLEWOOD, FL 34224

Title: O ( ) Delete  
Name: O'NEAL, KAYLIN N  
Address: 2280 W. RIVER RD. #33B  
City-St-Zip: ELYRIA, OH 44035

Title: O ( ) Delete  
Name: BESAW, KRISTEN  
Address: 10212 STONECROP AVE.  
City-St-Zip: ENGLEWOOD, FL 34224

Title: O ( ) Delete  
Name: BESAW, HANNA G  
Address: 10212 STONECROP AVE.  
City-St-Zip: ENGLEWOOD, FL 34224

Title: O ( ) Delete  
Name: BESAW, CHRISTOPHER P  
Address: 10212 STONECROP AVE.  
City-St-Zip: ENGLEWOOD, FL 34224

## ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

Title: ( ) Change ( ) Addition  
Name:  
Address:  
City-St-Zip:

Title: ( ) Change ( ) Addition  
Name:  
Address:  
City-St-Zip:

Title: ( ) Change ( ) Addition  
Name:  
Address:  
City-St-Zip:

Title: O (X) Change ( ) Addition  
Name: BESAW, AMANDA K  
Address: 10212 STONECROP AVE.  
City-St-Zip: ENGLEWOOD, FL 34224

Title: ( ) Change ( ) Addition  
Name:  
Address:  
City-St-Zip:

Title: ( ) Change ( ) Addition  
Name:  
Address:  
City-St-Zip:

I hereby certify that the information supplied with this filing does not qualify for the for the exemption stated 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 electronic 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 above, or on an attachment with an address, with all other like empowered.

SIGNATURE: PAUL BESAW

P

04/22/2007

Electronic Signature of Signing Officer or Director

Date