

**2007 FOR PROFIT CORPORATION  
ANNUAL REPORT**

**FILED**  
**May 14, 2007 8:00 am**  
**Secretary of State**

05-14-2007 90090 045 \*\*\*150.00

**DOCUMENT # P05000149066**

1. Entity Name  
**OTTO E. BEYER, INC.**



Principal Place of Business  
**37731 STATE ROAD 19 SUITE ONE  
UMATILLA, FL 32784**

Mailing Address  
**37731 STATE ROAD 19 SUITE ONE  
UMATILLA, FL 32784**

4011



01102007 No Chg-P CR2E034 (11/05)

**DO NOT WRITE IN THIS SPACE**

4. FEI Number  
**NOT APPLICABLE**

Applied For  
Not Applicable

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

**6. Name and Address of Current Registered Agent**

**BEYER, OTTO E  
37731 STATE ROAD 19 SUITE ONE  
UMATILLA, FL 32784**

**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 date if applicable.

(NOTE: Registered Agent signature required when reinstating)

**4/26/07**  
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**

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP  
**D  
BEYER, OTTO  
37731 STATE ROAD 19 SUITE ONE  
UMATILLA, FL 32784**

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP  
**D  
Beyer, Otto  
44650 SR 19  
Altamonte, FL 32702**

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

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 like empowered.

SIGNATURE   
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

**4/26/07 352-669-2253**  
Date Daytime Phone #

ATTACHMENT 40112706  
#7050000149066  
**OTTO E. BEYER ENTERPRISES, INC.**

**44650 State Road 19**

**Altoona, FL 32702**

**Phone: 352/669-2253**

**FAX: 352/669-5328**

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**WE'VE MOVED!**

**Please change your records to our new address and phone numbers:**

**44650 State Road 19**

**Altoona, FL 32702**

**Phone: 352-669-2253**

**FAX: 352-669-5328**

**Thank you.**