## 2007 FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# P05000153022

**Entity Name: BWASSEUR ENTERPRISE INC** 

FILED Aug 14, 2007 Secretary of State

US

Current Principal Place of Business: New Principal Place of Business:

225 NW 8TH AVE 1871 MOSSY OAK DRIVE APT 101 NORTH PORT, FL 34287

HALLANDALE, FL 33009

Current Mailing Address: New Mailing Address:

225 NW 8TH AVE 1871 MOSSY OAK DRIVE APT 101 NORTH PORT, FL 34287 US

HALLANDALE, FL 33009

FEI Number: 20-3806044 FEI Number Applied For ( ) FEI Number Not Applicable ( ) Certificate of Status Desired ( )

Name and Address of Current Registered Agent: Name and Address of New Registered Agent:

BELLEVUE, JOSEPH D

225 NW 8TH AVE

APT 101

HALLANDALE, FL 33009 US

BELLEVUE, JOSEPH D

1871 MOSSY OAK DRIVE

NORTH PORT, FL 34287 US

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: JOSEPH D BELLEVUE 08/14/2007

Electronic Signature of Registered Agent Date

In accordance with s. 607.193(2)(b), F.S., the corporation did not receive the prior notice.

Election Campaign Financing Trust Fund Contribution ( ).

## OFFICERS AND DIRECTORS: ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

Title: () Delete Title: (X) Change ( ) Addition BELLEVUE, JOSEPH D BELLEVUE, JOSEPH D Name: Name: 225 NW 8TH AVE APT 101 1871 MOSSY OAK DRIVE Address: Address: City-St-Zip: HALLANDALE, FL 33009 City-St-Zip: NORTH PORT, FL 34287 US

Title: V P ( ) Delete Title: V P (X) Change ( ) Addition

 Name:
 JEAN, RACHELLE
 Name:
 JEAN, RACHELLE

 Address:
 225 NW 8TH AVE APT 101
 Address:
 1871 MOSSY OAK DRIVE

 City-St-Zip:
 HALLANDALE, FL 33009
 City-St-Zip:
 NORTH PORT, FL 34287 US

Title: ( ) Delete Title: TREA ( ) Change (X) Addition

 Name:
 Name:
 ULYSSE, FRITZ K

 Address:
 Address:
 1871 MOSSY OAK DRIVE

 City-St-Zip:
 City-St-Zip:
 NORTH PORT, FL 34287 FL

I hereby certify that the information supplied with this filing does not qualify 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: JOSEPH D BELLEVUE P 08/14/2007