

2008 FOR PROFIT CORPORATION ANNUAL REPORT

FILED
May 02, 2008 8:00 am
Secretary of State

05-02-2008 90178 033 ***150.00

DOCUMENT # P05000166674

1. Entity Name
BEAD CHICKS ENTERPRISES, INC.



Principal Place of Business *912 Fern Ave, Orlando, FL 32814*
204 HAZARD STREET
ORLANDO, FL 32804 30

Mailing Address *912 Fern Ave, Orlando, FL 32814*
204 HAZARD STREET
ORLANDO, FL 32804 30



2. Principal Place of Business - No P.O. Box #

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

Zip

Country

Zip

Country

03032008

Chg-P

CR2E034 (12/06)

4. FEI Number

20-2477676

Applied For

Not Applicable

5. Certificate of Status Desired ☐

\$8.75 Additional
Fee Required

6. Name and Address of Current Registered Agent

7. Name and Address of New Registered Agent

KARSON, BRIANA R
204 HAZARD STREET
ORLANDO, FL 32804

Name

Street Address (P.O. Box Number is Not Acceptable)

City

FL

Zip Code

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 reinstating)

DATE

FILE NOW!!! FEE IS \$150.00
After May 1, 2008 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 **P** ☐ Delete
NAME KARSON, BRIANA R
STREET ADDRESS ~~204 HAZARD STREET~~ *912 Fern Ave.*
CITY-ST-ZIP ~~ORLANDO, FL 32804~~ *Orlando, FL 32814*

TITLE ☒ Change ☐ Addition
NAME *912 Fern Ave.*
STREET ADDRESS *Orlando, FL 32814*
CITY-ST-ZIP

TITLE **VP** ☐ Delete
NAME BORTLES, TONI
STREET ADDRESS 1385 TWIN OAKS CR.
CITY-ST-ZIP OVIEDO, FL 32765

TITLE ☐ Change ☐ Addition
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ Delete
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ Change ☐ Addition
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STREET ADDRESS
CITY-ST-ZIP

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TITLE ☐ Change ☐ Addition
NAME
STREET ADDRESS
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:

Briana Karson

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

4/29/08