


2008 FOR PROFIT CORPORATION ANNUAL REPORT

FILED
Feb 14, 2008 8:00 am
Secretary of State

02-14-2008 90032 014 ***150.00

DOCUMENT # P06000017480

1. Entity Name
BEBBER PROPERTIES, INC.



Principal Place of Business
**2050 BEACON MANOR DRIVE
 FORT MYERS, FL 33907**

Mailing Address
**C/O ROBERT D. ROYSTON, JR.
 P.O. DRAWER 60205
 FORT MYERS, FL 33906**

2. Principal Place of Business - No P.O. Box #
 Suite, Apt. #, etc.

3. Mailing Address
**Go Johnm.wicker
 P.O. Drawer 60205**

City & State
Fort Myers FL

City & State
Fort Myers FL

Zip
33906

Country
USA



01182008 Chg-P CR2E034 (12/06)

6. Name and Address of Current Registered Agent

**ROYSTON, ROBERT D JR.
 12670 NEW BRITTANY BLVD.
 SUITE 101
 FORT MYERS, FL 33907**

4. FEI Number
20-4257094

Applied For
 Not Applicable

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

7. Name and Address of New Registered Agent

Name
JOHN M. WICKER, P.A.

Street A
12670 NEW BRITTANY BLVD., STE 101

City
FORT MYERS, FL 33907

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 _____ DATE _____

Signature typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when registering)

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 NAME STREET ADDRESS CITY - ST - ZIP	DPS BEBBER, ANDREW U 5322 COBALT COURT CAPE CORAL, FL 33904 <input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY - ST - ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY - ST - ZIP	DVPT BEBBER, CHARLES A 14614 AERIES WAY DRIVE FORT MYERS, FL 33912 <input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY - ST - ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
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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: *Andrew U Bebb* **1-31-08 239-277-0333**

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR