## 2008 FOR PROFIT CORPORATION ANNUAL REPORT

## DOCUMENT# P06000040291

City-St-Zip: SAN ANTONIO, FL 33576 US

Entity Name: MARY LYNN BEAUMONT, INC.

FILED Jan 14, 2008 Secretary of State

| Current Principal Place of Business:                           |                                  | New Principal Place of Business:   |  |  |
|--|----------------------------------|------------------------------------|--|--|
| 37911 HEATHER PLACE<br>DADE CITY, FL 33525                     | US                               |                                    |  |  |
| Current Mailing Address:                                       |                                  | New Mailing Address:               |  |  |
| P.O. BOX 783<br>SAN ANTONIO, FL 3357                           | 76 US                            |                                    |  |  |
| FEI Number: 20-4530780   | FEI Number Applied For()         | FEI Number Not Applicable ( )      | Certificate of Status Desired ( )            |  |
| Name and Address of Current Registered Agent:                  |                                  | Name and Address of                | Name and Address of New Registered Agent:    |  |
| BEAUMONT, MARY LYN<br>13000 CURLEY ROAD<br>DADE CITY, FL 33525 | IN<br>US                         |                                    |  |  |
| The above named entity in the State of Florida.                | submits this statement for the p | ourpose of changing its registered | office or registered agent, or both,         |  |
| SIGNATURE:   |                                  |                                    |  |  |
| Electronic Signature of Registered Agent                       |                                  | ent                                | Date   |  |
| Election Campaign Financin                                     | g Trust Fund Contribution ( ).   |                                    |  |  |
| OFFICERS AND DIRECTORS:  |                                  | ADDITIONS/CHANGE                   | ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS: |  |
| Title: P ( ) Name: BEAUMONT, M                                 | ) Delete<br>ARY LYNN             | Title: (<br>Name:                  | ( ) Change ( ) Addition                      |  |

City-St-Zip:

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: MARY LYNN BEAUMONT P 01/14/2008