

2008 FOR PROFIT CORPORATION ANNUAL REPORT

FILED
May 08, 2008 8:00 am
Secretary of State

05-08-2008 90016 016 ***150.00

DOCUMENT # P07000006353

1. Entity Name
BE-OUR-GUEST NETWORK, INC.



Principal Place of Business
**5036 INVERNESS DR.
SARASOTA, FL 34243 US**

Mailing Address
**5036 INVERNESS DR.
SARASOTA, FL 34243 US**

40099385



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

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

04222008

Chg-P

CR2E034 (12/06)

City & State

City & State

4. FEI Number

33-1150588

Applied For

Not Applicable

Zip

Country

MANATEE

Zip

Country

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

**HONROTH, TERRY W
5036 INVERNESS DR.
SARASOTA, FL 34243**

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

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
**PRES
HONROTH, TERRY W
5036 INVERNESS DR.
SARASOTA, FL 34243** ☐ Delete

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
**TRES
HONROTH, TERRY W
5036 INVERNESS DR.
SARASOTA, FL 34243** ☐ Delete

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
**SECT
HONROTH, ANDREA J
5036 INVERNESS DR.
SARASOTA, FL 34243** ☐ Delete

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
**DIR
HONROTH, TERRY W
5036 INVERNESS DR.
SARASOTA, FL 34243** ☐ Delete

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
**DIR
HONROTH, ANDREA J
5036 INVERNESS DR.
SARASOTA, FL 34243** ☐ Delete

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
☐ Delete

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

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

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
☐ Change ☐ 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 my address, with all other like empowered.

SIGNATURE:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

Terry W Honroth

4/22/08

941-355-8018