

2009 FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# P07000045068

Entity Name: BEAD HERE NOW, INC.

FILED
Feb 09, 2009
Secretary of State

Current Principal Place of Business:

1051 PARK STREET
JACKSONVILLE, FL 32204

New Principal Place of Business:

Current Mailing Address:

1051 PARK STREET
JACKSONVILLE, FL 32204

New Mailing Address:

FEI Number: 20-8831603

FEI Number Applied For ()

FEI Number Not Applicable ()

Certificate of Status Desired ()

Name and Address of Current Registered Agent:

COX, MARIA
MIDNIGHT SUN
1055 PARK STREET
JACKSONVILLE, FL 32204 US

Name and Address of New Registered Agent:

COX, MARIA
2238 MYRA STREET
JACKSONVILLE, FL 32204 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:

02/09/2009

Electronic Signature of Registered Agent

Date

Election Campaign Financing Trust Fund Contribution ().

OFFICERS AND DIRECTORS:

Title: PD () Delete
Name: COX, MARIA
Address: 2238 MYRA STREET
City-St-Zip: JACKSONVILLE, FL 32204

Title: DVST () Delete
Name: COX, ROBERT
Address: 2796 LYDIA STREET
City-St-Zip: JACKSONVILLE, FL 32205

Title: DVP () Delete
Name: REEVES, SHANNON
Address: 2120 HERSCHEL STREET APT 1
City-St-Zip: JACKSONVILLE, FL 32207

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

Title: () Change () Addition
Name:
Address:
City-St-Zip:

Title: DVST (X) Change () Addition
Name: COX, ROBERT
Address: 2238 MYRA STREET
City-St-Zip: JACKSONVILLE, FL 32205

Title: DVP (X) Change () Addition
Name: REEVES, SHANNON
Address: 1616 SHERIDAN STREET
City-St-Zip: JACKSONVILLE, FL 32207

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: ROBERT F COX

DVST

02/09/2009

Electronic Signature of Signing Officer or Director

Date