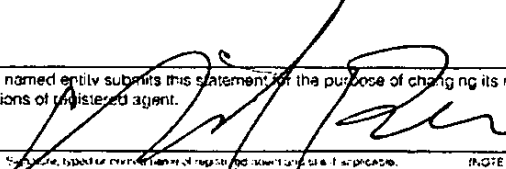
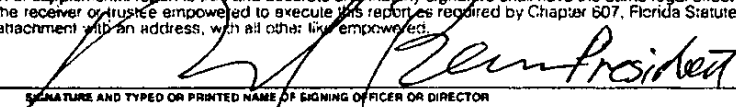


2008 FOR PROFIT CORPORATION ANNUAL REPORT (AR)

FILED
Jun 23, 2008 8:00 am
Secretary of State
06-04-2008 90008 034 ***150.00

DOCUMENT # P07000071202					
1. Entity Name DAVID BEERS, P.A.					
Principal Place of Business 6500 S HIGHWAY 17-92 FERN PARK FL 32730			Mailing Address 6500 S HIGHWAY 17-92 FERN PARK FL 32730		
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	4. FEI Number 26-03 67327	
				Applied For ☐ Not Applicable	
5. Certificate of Status Desired ☐				\$8.75 Additional Fee Required	
6. Name and Address of Current Registered Agent BEERS, DAVID 125 TINDALE CIRCLE LONGWOOD FL 32779				7. Name and Address of New Registered Agent Name David Beers Street Address (P.O. Box Number is Not Acceptable) 208 Foster Drive Casselberry City FL Zip Code 32707	
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 _____					
FILE NOW!!! FEE IS \$150.00 After May 1, 2008 Fee Will Be \$550.00 Make Check Payable to Florida Department of State				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	TITLE	☐ Change	☐ Addition
NAME	BEERS, DAVID		NAME		
STREET ADDRESS	125 TINDALE CIRCLE		STREET ADDRESS		
CITY- ST- ZIP	LONGWOOD FL 32779		CITY- ST- ZIP		
TITLE		☐ Delete	TITLE	☐ Change	☐ Addition
NAME			NAME		
STREET ADDRESS			STREET ADDRESS		
CITY- ST- ZIP			CITY- ST- ZIP		
TITLE		☐ Delete	TITLE	☐ Change	☐ Addition
NAME			NAME		
STREET ADDRESS			STREET ADDRESS		
CITY- ST- ZIP			CITY- ST- ZIP		
TITLE		☐ Delete	TITLE	☐ Change	☐ Addition
NAME			NAME		
STREET ADDRESS			STREET ADDRESS		
CITY- ST- ZIP			CITY- ST- ZIP		
TITLE		☐ Delete	TITLE	☐ Change	☐ Addition
NAME			NAME		
STREET ADDRESS			STREET ADDRESS		
CITY- ST- ZIP			CITY- ST- ZIP		
12. I hereby certify that the information supplied with this filing does not qualify for the exemptions contained in Section 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:  Date: 06/27/08 407-265-2383					