

**2006 FOR PROFIT CORPORATION  
ANNUAL REPORT**

**FILED**  
**Mar 17, 2006 08:00 AM**  
**Secretary of State**

<b>DOCUMENT # P93000057860</b>	
1. Entity Name <b>BEMAC ENTERPRISES INC.</b>	



Principal Place of Business <b>103200 OYS HWY #1 KEY LARGO, FL 33037</b>	Mailing Address <b>PO BOX 464 KEY LARGO, FL 33037 US</b>
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03132006 No Chg-P CR2EQ34 (11/05)

**DO NOT WRITE IN THIS SPACE**

4. FEI Number <b>65-0444608</b>	Applied For <input type="checkbox"/> Not Applicable
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5. Certificate of Status Desired <input type="checkbox"/>	<b>\$8.75</b> Additional Fee Required
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6. Name and Address of Current Registered Agent  <b>SUBIC, SANDRA K 99411 OVERSEAS HWY KEY LARGO, FL 33037</b>
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<b>DO NOT WRITE IN THIS SPACE</b>
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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, 2006 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	D CLOTHIER, MCNAIR 900 TROPICAL LN KEY LARGO, FL 33037
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D CLOTHIER, MARY ANNE 900 TROPICAL LN. KEY LARGO, FL 33037
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03/28/06-80037-018 150.00

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: *M. Clothier* **MARY ANNE CLOTHIER** 3-13-06 305 453-0065  
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #