

**2007 FOR PROFIT CORPORATION  
ANNUAL REPORT**

**FILED**

**Mar 02, 2007 08:00 AM  
Secretary of State**

**DOCUMENT # P93000061751**

1. Entity Name  
**BEHEMOTH, INC.**



Principal Place of Business  
**4428 SW 35 TER  
GAINESVILLE, FL 32608**

Mailing Address  
**4428 SW 35 TER  
GAINESVILLE, FL 32608**



02072007 No Chg-P CR2E034 (11/05)

**DO NOT WRITE IN THIS SPACE**

4. FEI Number  
**59-3202794**

Applied For  
Not Applicable

5. Certificate of Status Desired ☐ **\$8.75 Additional  
Fee Required**

**6. Name and Address of Current Registered Agent**

**SALTER, JAMES D  
703 NE 1ST ST  
GAINESVILLE, FL 32601**

**DO NOT WRITE  
IN THIS SPACE**

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, 2007 Fee will be \$550.00**

9. Election Campaign Financing  
Trust Fund Contribution. ☐ **\$5.00 May Be  
Added to Fees**

000000653331  
03/13/07-80017-015 150.00

**10. OFFICERS AND DIRECTORS**

TITLE	DP
NAME	MAY, JACK C
STREET ADDRESS	4428 SW 35 TER
CITY-ST-ZIP	GAINESVILLE, FL
TITLE	DVP
NAME	MILLER, GEORGE M.
STREET ADDRESS	4428 SW 35TH TERR
CITY-ST-ZIP	GAINESVILLE, FL
TITLE	DS
NAME	SALTER, JAMES D.
STREET ADDRESS	703 NE 1ST ST
CITY-ST-ZIP	GAINESVILLE, FL
TITLE	
NAME	
STREET ADDRESS	
CITY-ST-ZIP	
TITLE	
NAME	
STREET ADDRESS	
CITY-ST-ZIP	

**DO NOT WRITE  
IN THIS SPACE**

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.

*James D. Salter*

2-7-07

352-373-7575