42007 FOR PROFIT CORPORATION ANNUAL REPORT

st with an address, with all other like empowered.

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OF

SIGNATURE:

ANNUAL REPORT FILED DOCUMENT # P93000088703 Jan 05, 2007 08:00 AM 1. Entity Name **Secretary of State** DAVID R. BESSER, INC. Principal Place of Business Mailing Address 2909 W BAY VIEW AVE 2909 W BAY VIEW AVE TAMPA, FL 33611 US TAMPA, FL 33611 A STANDARD BANDARD MATTER BANDARD BANDA No Chg-P 01032007 CR2E034 (11/05) DO NOT WRITE IN THIS SPACE 4 FEI Number Applied For 59-3221475 Not Applicable \$8.75 Additional san san ang ang kanan sang mandal san San dan sang ang kananan da sang san sandan da san da san san san san sa 5. Certificate of Status Desired Fee Required 6. Name and Address of Current Registered Agent Andrew gering Berlinder in the Anti-Partin Air Service uskomika alkonisk Visebi BESSER, DAVID R DO NOT WRITE 2909 W BAY VIEW AVENUE TAMPA, FL 33611 IN THIS SPACE and the state of t 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, typed or printed name of registered agent and title it applicable. DATE (NOTE: Registered Agent signature required when reinstating) 9. Election Campaign Financing \$5.00 May Be FILE NOW!!! FEE IS \$150.00 Trust Fund Contribution. Added to Fees After May 1, 2007 Fee will be \$550.00 OFFICERS AND DIRECTORS 10 age a franchischen Agentrale eine Art vor einer der Gebruik bestellt der Arte Staden der Arte Staden der Arte TITLE Marija je nematara prima njembra propinska propinska njembra na koja koja koja propinska propinska propinska p NAME BESSER, DAVID R ana da karangang da manakala da karang da karang da karang da karang da karang da da karang da karang da karan 2909 W BAY VIEW AVENUE STREET ADDRESS L NOOD THE PROPERTY OF THE PRO CITY-ST-ZIP TAMPA, FL 33611 TITLE NAME દુ તેવું વસુત્રોનું કુવાનું પ્રાપ્ત કુતાલુકા પુરાવાના પ્રાપ્ત કરો જીવામાં અને માના કર્યા કરી અને મોના મોના કોનો STREET ADDRESS CITY-ST-ZIP TITLE NAME STREET ADDRESS DO NOT WRITE CITY-ST-ZIP TITLE NAME STREET ADDRESS de de la grafia escalar de deserbitación de la como de l CITY-ST-ZIP TITLE a sila da jiganda silang sila sila da kanan da sila da saksak saksi ya sila ya da kasa da kana d NAME STREET ADDRESS CITY-ST-ZIP TITLE NAME STREET ADDRESS CITY-ST-ZIP 12. Thereby certify that the information supplied with this filing does not qualify for the exemptions contained in Chapter 119, Florida Statutes. Hurther 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