

2008 FOR PROFIT CORPORATION ANNUAL REPORT

FILED

Jan 28, 2008 08:00 AM
Secretary of State

DOCUMENT # P94000045051

1. Entity Name
BEEPER DEPOT OF PORT ST. LUCIE, INC.



Principal Place of Business
1024 SE PORT ST LUCIE BLVD
PORT AT. LUCIE, FL 34952 US

Mailing Address
1024 SE PORT ST LUCIE BLVD
PORT AT. LUCIE, FL 34952 US



01232008 No Chg-P CR2E034 (11/05)

4. FEI Number
65-0498926

Applied For
Not Applicable

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

DO NOT WRITE IN THIS SPACE

6. Name and Address of Current Registered Agent

BEEPER DEPOT OF PSL
1024 SE FORT ST. LUCIE BLVD.
PORT ST. LUCIE, FL 34952

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, 2008 Fee will be \$550.00

9. Election Campaign Financing
Trust Fund Contribution. ☐

\$5.00 May Be
Added to Fees

U00000798881

01/30/08-80046-010-150.00

10. OFFICERS AND DIRECTORS

TITLE	P
NAME	TODD BAUER
STREET ADDRESS	3807 S.W. REVERE CT.
CITY-ST-ZIP	PSL, FL
TITLE	VP
NAME	DENNIS A BAUER
STREET ADDRESS	3807 SW REVERE CT
CITY-ST-ZIP	PORT ST LUCIE, FL 34953
TITLE	
NAME	
STREET ADDRESS	
CITY-ST-ZIP	
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.

SIGNATURE:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

DENNIS A. BAUER

Date

1/23/08

Daytime Phone #

772-398-9906