

**2007 FOR PROFIT CORPORATION
ANNUAL REPORT**

DOCUMENT # P94000075899

1. Entity Name
WE BE PRINTIN, INC.



Principal Place of Business
**2125 SIESTA DRIVE
SARASOTA, FL 34239 US**

Mailing Address
**2125 SIESTA DRIVE
SARASOTA, FL 34239 US**

FILED
Apr 20, 2007 08:00 AM
Secretary of State



04112007 No Chg-P CR2E034 (11/05)

DO NOT WRITE IN THIS SPACE

4. FEI Number
65-0527981

Applied For
Not Applicable

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

6. Name and Address of Current Registered Agent

**HEARN, GORDON
1654 FLOYD ST
SARASOTA, FL 34239**

**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**

10. OFFICERS AND DIRECTORS

TITLE	D
NAME	COBB, CHARL L
STREET ADDRESS	2125 SIESTA DR
CITY-ST-ZIP	SARASOTA, FL 34237

TITLE	VP
NAME	HEARN, GORDON M
STREET ADDRESS	2125 SIESTA DRIVE
CITY-ST-ZIP	SARASOTA, FL 34239

TITLE	
NAME	
STREET ADDRESS	
CITY-ST-ZIP	

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CITY-ST-ZIP	

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05/01/07-80091-025 150.00

**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

GORDON HEARN

Date

Daytime Phone #

4/15/07 941.953

5566