

2004 FOR PROFIT CORPORATION AMENDED ANNUAL REPORT

FILED
SECRETARY OF STATE
DIVISION OF CORPORATIONS
04 DEC -9 AM 8:00

DOCUMENT # P95000004891

1. Entity Name
BEA'S ENTERPRISES INTERNATIONAL, INC.



Principal Place of Business
10650 HAVERFORD RD.
#2
JACKSONVILLE, FL 32218 US

Mailing Address
10650 HAVERFORD RD.
#2
JACKSONVILLE, FL 32218 US

2. Principal Place of Business
10646 Haverford Rd.
Suite, Apt. #, etc.
Suite 7
City & State
Jacksonville, FL
Zip
32218
Country
USA

3. Mailing Address
10646 Haverford Rd.
Suite, Apt. #, etc.
Suite 7
City & State
Jacksonville, FL
Zip
32218
Country
USA



11152004 Chg-P CR2E034 (10/03) MRS

4. FEI Number
59-3285950
Applied For
Not Applicable

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

6. Name and Address of Current Registered Agent

BEA, PATRICK B
10650 HAVERFORD ROAD
#2
JACKSONVILLE, FL 32218

7. Name and Address of New Registered Agent

Name
Sheree M. Bea
Street Address (P.O. Box Number is Not Acceptable)
10646 Haverford Rd.
Suite 7
City
Jacksonville, FL Zip Code
32218

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 Sheree M. Bea DATE 11/15/04
(NOTE: Registered Agent signature required when reinstating)

Amended AR is \$61.25

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	P BEA, PATRICK B 11576 RIVA RIDGE CT JACKSONVILLE, FL 32218	<input checked="" type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Delete

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE NAME STREET ADDRESS CITY-ST-ZIP	D/P/T/S Sheree M. Bea 10646 Haverford Rd., Suite 7 Jacksonville, FL. 32218	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Change <input type="checkbox"/> Addition
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TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Change <input type="checkbox"/> Addition

12. I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Section 119.07(3)(i), 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: Sheree M. Bea DATE 11/15/04 (904) 742-2909
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR