2006 FOR PROFIT CORPORATION ANNUAL REPORT

FILED
Mar 27, 2006 08:00 AM
Secretary of State

DOCUMENT # P95000044847

1. Entity Name
BUSINESS ENTERPRISE OF PINELLAS, INC.

Principal Place of Business	Mailing Address
53 WEST JACKSON BLVD., SUITE 530 CHICAGO, IL 60604	53 WEST JACKSON BLVD., SUITE 530 CHICAGO, IL 60604

DO NOT WRITE IN THIS SPACE

03102006 No Chg-P CR2E034 (11/05)

4. FEI Number
36-4040419
Applied For
Not Applicable

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

6. Name and Address of Current Registered Agent

CORPORATION SERVICE COMPANY
1201 HAYS STREET
TALLAHASSEE, FL 32301-2525

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 _____ DATE
Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating)

FILE NOW!!! FEE IS $150.00
After May 1, 2006 Fee will be $550.00

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

10. OFFICERS AND DIRECTORS

TITLE	P
NAME	DE PEYSTER, ASHTON
STREET ADDRESS	223 ATLANTIC AVE.
CITY-ST-ZIP	PALM BEACH, FL 33480
TITLE	VPD
NAME	BEIDLER, FRANCIS III
STREET ADDRESS	53 WEST JACKSON BLVD., SUITE 530
CITY-ST-ZIP	CHICAGO, IL 60604
TITLE	SD
NAME	TISDAHL, ELIZABETH B
STREET ADDRESS	53 WEST JACKSON BLVD., SUITE 530
CITY-ST-ZIP	CHICAGO, IL 60604
TITLE	D
NAME	SIKLOSSY, ELINOR B
STREET ADDRESS	53 WEST JACKSON BLVD., SUITE 530
CITY-ST-ZIP	CHICAGO, IL 60604
TITLE	D
NAME	DORRIS, THOMAS B
STREET ADDRESS	53 WEST JACKSON BLVD., STE. 530
CITY-ST-ZIP	CHICAGO, IL 60604
TITLE	
NAME	
STREET ADDRESS	
CITY-ST-ZIP	

U00000482801
04/11/06-80091-006 158.75

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 changed, or on an attachment with an address, with all other like empowered.

SIGNATURE: _____ 3/20/06 312/922-3791
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR — Date — Daytime Phone #