

**2007 FOR PROFIT CORPORATION  
ANNUAL REPORT**

**FILED**  
**May 14, 2007 8:00 am**  
**Secretary of State**

05-14-2007 90065 037 \*\*\*150.00

**DOCUMENT # P96000025835**

1. Entity Name  
OEB, INC.



Principal Place of Business  
37731 ST RD 19  
1  
UMATILLA, FL 32784

Mailing Address  
37731 ST RD 19  
1  
UMATILLA, FL 32784

**DO NOT WRITE IN THIS SPACE**



01102007 No Chg-P CR2E034 (11/05)

4. FEI Number  
59-3382485

Applied For  
Not Applicable

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

**6. Name and Address of Current Registered Agent**

BEYER, OTTO E  
17681 SE HIGHWAY 450  
UMATILLA, FL 32784

**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)

4/26/07  
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	PD
NAME	BEYER, OTTO
STREET ADDRESS	17681 SE HIGHWAY 450
CITY-ST-ZIP	UMATILLA, FL 32784
TITLE	PD
NAME	Beyer, Otto
STREET ADDRESS	44650 State Road 19
CITY-ST-ZIP	Ailtona, FL 32702
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

4/26/07

Date

352-669-2253

Daytime Phone #

ATTACHMENT

40111464

**OTTO E. BEYER ENTERPRISES, INC.** #P96000025835

44650 State Road 19

Altoona, FL 32702

Phone: 352/669-2253

FAX: 352/669-5328

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## **WE'VE MOVED!**

Please change your records to our new address and phone numbers:

44650 State Road 19

Altoona, FL 32702

Phone: 352-669-2253

FAX: 352-669-5328

Thank you.