FILED Mar 19, 2007 8:00 am

ANNUAL REPORT	2007	FOR PROFIT CORPORATION
		ANNUAL REPORT

AITHOAL RUI OR					Secretary of State					
DOCUMENT # P96000033290 1. Entity Name BEASLEY REAL ESTATE SERVICES, INC.					l .	03-19-2007 9	_			
Principal Place	of Business	Mailing Address		l <u>-</u>	1	00.7				
Principal Place of Business 15 A NORTH 6TH STREET HAINES CITY, FL 33844		15 A NORTH 6TH STRE	Mailing Address 15 A NORTH 6TH STREET HAINES CITY, FL 33844		40036	903				
					THE MENTAL AND LA	ING ANKH BANK BANK ABIK	14141 4111 1411			
2. Principal P	lace of Business - No P.O. Box #	3. Mailing Address	3. Mailing Address							
Suite, Apt. #, etc.		Suite, Apt. #, etc.	Suite, Apt. #, etc.		03122007	Chg-P	CR2E034	1 (12/06)		
City & State		City & State	City & State		4. FEI Number 59-33905	598		No	plied For t Applicable	
Zip Country		Zip	Country Country		5. Certificate of	Status Desired		8.75 Add		
	6. Name and Address of Curr	ent Registered Agent	L	 	7 Name and A	ddress of New R				
 	6. Name and Address of Curr	ant Latistanan Affant		Name	7. Italie alio A	duress of New IV	adistand VE	Marit		
BEASLEY, 15A N. 6TH	HST ,			Street Address (P.O. Box Number is Not Acceptable)						
HAINES C	ITY, FL 33844									
				City	City FL Zip Code					
8. The above	named entity submits this statemen	nt for the nurpose of changing its	register	ed office or register	red agent, or both.	in the State of Flo		l miliar with.	and accept	
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 a	gent and little if applicable. (NOT	E: Registere	d Agent signature required	d when reinstating)		DATE		—	
FILE NOW!!! FEE IS \$150.00 After May 1, 2007 Fee will be \$550.00 9. Election Campaign Financing \$5.00 May Be Trust Fund Contribution. Added to Fees										
10.		ND DIRECTORS	11.		ADDITIONS/CI	HANGES TO OFFI	CERS AND D	PRECTORS	3 IN 11	
TITLE	P Delete		TITL	E			1	Change	Addition	
NAME	BEASLEY, ALFRED W JR		NAM	-						
STREET ADDRESS 15A N 6TH ST				EET ADDRESS					Ì	
CITY-ST-ZIP			CITY	'-ST-ZIP						
TITLE	VS Delete		TITL	1			l	Change	☐ Addition	
NAME STREET ADDRESS	BEASLEY, DORIS P 701 PENINSULAR DR		NAM	ie Eet address						
				'-ST-ZIP						
								Change	☐ Addition	
TITLE NAME		L_J Delete	NAM	1			1	Change	☐ Addition	
STREET ADDRESS				EET ADDRESS						
CITY-ST-ZIP			CITY	'-ST-ZIP						
TITLE		☐ Delete	TITL	Ε				Change	☐ Addition	
NAME		43 5000	NAM				•	•		
STREET ADDRESS			STR	EET ADDRESS						
CITY-ST-ZIP			СПУ	'-ST-ZIP						
TITLE		☐ Delete	TITL	E				☐ Change	☐ Addition	
NAME			NAM	Æ						
STREET ADDRESS				EET ADDRESS						
CITY-ST-ZIP			CITY	'-ST-ZIP						
TITLE		☐ Delete	TITL	l l				☐ Change	☐ Addition	
NAME			NAM	1						
STREET ADDRESS				EET ADDRESS						
CITY-ST-ZIP				r-ST-ZIP				ab	4	
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 ap address, with all other like empowered.										