2007 FOR PROFIT CORPORATION
ANNUAL REPORT

DOCUMENT # P97000044621

1. Entity Name
BEAVER POND, INC.

UUU11UU1

Principal Place of Business	Mailing Address
~~2011 NE 27TH AVENUE~~ 2352 NE 18th Terr.	P.O. BOX 5425
GAINESVILLE, FL 32609	GAINESVILLE, FL 32627

01292007   Chg-P   CR2E034 (12/06)

2. Principal Place of Business - No P.O. Box #	3. Mailing Address
2352 NE 18th Terr.	SAME
Suite, Apt. #, etc.	Suite, Apt. #, etc.
City & State Gainesville, Fl.	City & State
Zip 32609 Country US	Zip Country

4. FEI Number
59-3463136   Applied For   Not Applicable

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

6. Name and Address of Current Registered Agent	7. Name and Address of New Registered Agent
NEWMANS, CHARLES E	Name
~~2011 NE 27TH AVE~~ 2352 NE 18th Terr.	Street Address (P.O. Box Number is Not Acceptable)
GAINESVILLE, FL 32609	
	City FL Zip Code

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 _Ed Neumann_   1-29-07

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   **11.** ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE	P	☐ Delete	TITLE		☐ Change	☐ Addition
NAME	NEWMAN, CHARLES E		NAME			
STREET ADDRESS	~~2011 NE 27TH AVE~~ 2352 NE 18th Terr.		STREET ADDRESS			
CITY-ST-ZIP	GAINESVILLE, FL 32609		CITY-ST-ZIP			

TITLE		☐ Delete	TITLE		☐ Change	☐ Addition
NAME			NAME			
STREET ADDRESS			STREET ADDRESS			
CITY-ST-ZIP			CITY-ST-ZIP			

TITLE		☐ Delete	TITLE		☐ Change	☐ Addition
NAME			NAME			
STREET ADDRESS			STREET ADDRESS			
CITY-ST-ZIP			CITY-ST-ZIP			

TITLE		☐ Delete	TITLE		☐ Change	☐ Addition
NAME			NAME			
STREET ADDRESS			STREET ADDRESS			
CITY-ST-ZIP			CITY-ST-ZIP			

TITLE		☐ Delete	TITLE		☐ Change	☐ Addition
NAME			NAME			
STREET ADDRESS			STREET ADDRESS			
CITY-ST-ZIP			CITY-ST-ZIP			

TITLE		☐ Delete	TITLE		☐ Change	☐ Addition
NAME			NAME			
STREET ADDRESS			STREET ADDRESS			
CITY-ST-ZIP			CITY-ST-ZIP			

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: _Ed Neumann_   1-29-07   352-375-8555

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR   Date   Daytime Phone #