

2007 FOR PROFIT CORPORATION ANNUAL REPORT

FILED
Apr 30, 2007 8:00 am
Secretary of State

04-30-2007 90410 010 ***150.00

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1. Entity Name
BOXES, BASKETS, & BEYOND, INC.



Principal Place of Business
**344 CHENEY HIGHWAY
TITUSVILLE, FL 32780**

Mailing Address
**344 CHENEY HIGHWAY
TITUSVILLE, FL 32780**

2. Principal Place of Business - No P.O. Box #
379 Cheney Hwy
Suite, Apt. #, etc.

3. Mailing Address
379 Cheney Hwy
Suite, Apt. #, etc.



04122007 Chg-P CR2E034 (12/06)

City & State
Titusville FL
Zip
32780 Country
USA

City & State
Titusville FL
Zip
32780 Country
USA

4. FEI Number
59-3468594 Applied For
Not Applicable

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

6. Name and Address of Current Registered Agent

**KERSEY, EILEEN S
344 CHENEY HIGHWAY
TITUSVILLE, FL 32780**

7. Name and Address of New Registered Agent

Name
Eileen S. Kehoe
Street Address (P.O. Box Number is Not Acceptable)
379 Cheney Hwy
City
Titusville **FL** Zip Code
32780

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 **Eileen S Kehoe** **4/27/07**
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

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
**ST
KERSEY, EILEEN S
3370 GREENVILLE STREET
COCOA, FL 32926** ☐ Delete

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
**D
KEHOE, WILLIAM M
352 COUNTRY LANE DR
COCOA, FL 32926** ☒ Delete

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
☐ Delete

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
☐ Delete

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
☐ Delete

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
☐ Delete

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
**P
Eileen S. Kehoe
379 Cheney Hwy
Titusville, FL 32780** ☒ Change ☐ Addition

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
**D
Lisa J. Eliotte
915 Lisa Drive
Titusville, FL 32780** ☐ Change ☒ Addition

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

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

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

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

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: **Eileen S Kehoe**
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

4/27/07 **321**
Date Daytime Phone # **2699900**