


2007 FOR PROFIT CORPORATION ANNUAL REPORT

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

04-30-2007 90410 010 ***150.00

DOCUMENT # P97000074436			
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.	
City & State Titusville FL		City & State Titusville FL	
Zip 32780	Country USA	Zip 32780	Country USA
4. FEI Number 59-3468594		Applied For <input type="checkbox"/> Not Applicable	
5. Certificate of Status Desired <input type="checkbox"/>		\$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: <u>Eileen S Kehoe</u> DATE: <u>4/27/07</u> <small>Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating)</small>			
FILE NOW!!! FEE IS \$150.00 After May 1, 2007 Fee will be \$550.00		9. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/> \$5.00 May Be Added to Fees	
10. OFFICERS AND DIRECTORS		11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	ST KERSEY, EILEEN S 3370 GREENVILLE STREET COCOA, FL 32926 <input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	P Eileen S. Kehoe 379 Cheney Hwy Titusville, FL 32780 <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D KEHOE, WILLIAM M 352 COUNTRY LANE DR COCOA, FL 32926 <input checked="" type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	D Lisa J. Eliotte 915 Lisa Drive Titusville, FL 32780 <input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> 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: <u>Eileen S Kehoe</u>		Date: <u>4/27/07</u> Daytime Phone #: <u>321 2699900</u>	