

**2007 FOR PROFIT CORPORATION
ANNUAL REPORT**

FILED
Aug 01, 2007 8:00 am
Secretary of State

08-01-2007 90036 015 ***150.00

DOCUMENT # P98000002018

1. Entity Name
BEARD ENTERPRISES, INC.



Principal Place of Business Mailing Address
14311 N. NEBRASKA AVE 1717 E BUSCH 14311 N. NEBRASKA AVE 1717 E BUSCH
TAMPA, FL 33613 TAMPA, FL 33613
TAMPA FL 33612 TAMPA FL 33612

DO NOT WRITE IN THIS SPACE



07112007 No Chg-P CR2E034 (11/05)

4. FEI Number
59-3489182

Applied For
Not Applicable

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

6. Name and Address of Current Registered Agent

USACCOUNTING OFFICE
4815 E. BUSCH BLVD. STE. 207
TAMPA, FL 33617

**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) DATE

FILE NOW!!! FEE IS \$150.00
Due by September 14, 2007

9. Election Campaign Financing
Trust Fund Contribution. ☐ **\$5.00** May Be Added to Fees

In accordance with s. 607.193(2)(b), F.S., the corporation did not receive the prior notice.

10. OFFICERS AND DIRECTORS

TITLE	P
NAME	BEARD, WILLIE
STREET ADDRESS	14911 N. NEBRASKA AVE - 1717 E BUSCH UNIT 607 TAMPA FL 33612
CITY-ST-ZIP	TAMPA, FL 33613
TITLE	VP
NAME	BEARD, KAREN
STREET ADDRESS	917 WEST PATTERSON STREET
CITY-ST-ZIP	TAMPA, FL 33604
TITLE	T
NAME	FOSTER, GLENN
STREET ADDRESS	14367 PREVOST
CITY-ST-ZIP	DETROIT, MI 48227
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

Date

Daytime Phone #

7/25/07 813-541-4572