

2008 FOR PROFIT CORPORATION ANNUAL REPORT (AR)

FILED
Mar 03, 2008 08:00 A
Secretary of State

DOCUMENT # P98000037964					
1. Entity Name B & E CONTRACTING, INC.					
Principal Place of Business 6860 GREENLAND RIDGE LANE JACKSONVILLE FL 32256			Mailing Address 6860 GREENLAND RIDGE LANE JACKSONVILLE FL 32256		
2. Principal Place of Business - No P.O. Box #			3. Mailing Address		
Suite, Apt. #, etc.			Suite, Apt. #, etc.		
City & State			City & State		
Zip	Country	Zip	Country	4. FEI Number 59-3512919	
				Applied For Not Applicable	
				5. Certificate of Status Desired ☐ \$8.75 Additional Fee Required	
6. Name and Address of Current Registered Agent REGISTER, THOMAS G 6860 GREENLAND RIDGE LANE JACKSONVILLE FL 32256				7. Name and Address of New Registered Agent Name Street Address (P.O. Box Number is Not Acceptable) 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 <i>Thomas G. Register</i> Signature of person or firm authorized to change registered office or registered agent				DATE <i>2/27/08</i> DATE	
FILE NOW!!! FEE IS \$150.00 After May 1, 2008 Fee Will Be \$550.00 Make Check Payable to Florida Department of State				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 NAME STREET ADDRESS CITY-ST-ZIP	P/D REGISTER, THOMAS G 6860 GREENLAND RIDGE LANE JACKSONVILLE FL 32256	☐ Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	U00000844439 03/12/08-80036-008 150.00	☐ Change ☐ Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	VP/D REGISTER, THOMAS G JR 6860 GREENLAND RIDGE LANE JACKSONVILLE FL 32256	☐ Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP		☐ Change ☐ Addition
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12. I hereby certify that the information supplied with this filing does not qualify for the exemptions contained in Section 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 empowerments.

SIGNATURE:

Thomas G. Register
SIGNATURE AND TYPED NAME OF SIGNING OFFICER OR DIRECTOR

2/27/08 804-262-8985
DATE AND PHONE NUMBER