## 2007 FOR PROFIT CORPORATION **ANNUAL REPORT**

## Apr 02, 2007 8:00 am Secretary of State **DOCUMENT # P98000045006** 04-02-2007 90077 010 \*\*\*150.00 BEA AND LOU INC. Principal Place of Business Mailing Address 3374 NE SANDRA DR 3374 NE SANDRA DR JENSEN BEACH, FL 34957 JENSEN BEACH, FL 34957 2. Principal Place of Business - No P.O. Box 3. Mailing Address 429 GREENVILLE W 1429 GREENVILL Suite, Apt. #, etc Suite. Apt. #. etc. 03122007 Chg-P CR2E034 (12/06) 4. FEI Number Applied For 65-0837807 Not Applicable \$8.75 Additional 5. Certificate of Status Desired Fee Required Name and Address of Current Registered Agent 7. Name and Address of New Registered Agent TRANOWSKI, BEA A 3374 NE SANDRA DR JENSEN BEACH, FL 34957 City 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. (NOTE: Registered Agent aignature required when reinstating) 9. Election Campaign Financing \$5.00 May Be FILE NOW!!! FEE IS \$150.00 After May 1, 2007 Fee will be \$550.00 Trust Fund Contribution. Added to Fees OFFICERS AND DIRECTORS 10. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11 11. Delete TITLE TITLE Change Addition NAME TRANOWSKI, BEA A NAME STREET ADDRESS 3374 NE SANDRA DR STREET ADDRESS CITY-ST-ZIP JENSEN BEACH, FL. 34957 CITY-ST-ZIP VS M Change ☐ Addition IIILE ☐ Delete TITLE TRANOWSKI, LOUIS NAME NAME STREET ADDRESS 3374 NE SANDRA DRIVE STREET ADDRESS 2162 CITY-ST-ZIP JENSEN BEACH, FL 34957 CITY-ST-ZIP TILLE TITLE ☐ Delete ☐ 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 Delete TITLE Change TILE ☐ Addition NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP Detete 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.