

**2008 FOR PROFIT CORPORATION
ANNUAL REPORT**

FILED
Mar 31, 2008 08:00 AM
Secretary of State

DOCUMENT # P98000045006

1. Entity Name
BEA AND LOU INC.



Principal Place of Business
**1429 GREENVILLE WAY
THE VILLAGES, FL 32162**

Mailing Address
**1429 GREENVILLE WAY
THE VILLAGES, FL 32162**

DO NOT WRITE IN THIS SPACE

02182008 No Chg-P CR2E034 (11/05)

4. FEI Number
65-0837807

Applied For
Not Applicable

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

6. Name and Address of Current Registered Agent

**TRANOWSKI, BEA A
1429 GREENVILLE WAY
THE VILLAGES, FL 32162**

**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
After May 1, 2008 Fee will be \$550.00**

9. Election Campaign Financing
Trust Fund Contribution: ☐

**\$5.00 May Be
Added to Fees**

10. OFFICERS AND DIRECTORS

TITLE: P
NAME: TRANOWSKI, BEA A
STREET ADDRESS: 1429 GREENVILLE WAY
CITY-ST-ZIP: THE VILLAGES, FL 32162

TITLE: VS
NAME: TRANOWSKI, LOUIS
STREET ADDRESS: 1429 GREENVILLE WAY
CITY-ST-ZIP: THE VILLAGES, FL 32162

TITLE:
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STREET ADDRESS:
CITY-ST-ZIP:

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STREET ADDRESS:
CITY-ST-ZIP:

U00000875024
04/11/08-80016-002 150.00

**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:

Bea A. Tranowski
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

3/27/08
Date

352-753-0202
Daytime Phone #

BEA A. TRANOWSKI