

**2008 FOR PROFIT CORPORATION  
ANNUAL REPORT**

**FILED**  
**Feb 14, 2008 08:00 AM**  
**Secretary of State**

**DOCUMENT # P99000008603**

1. Entity Name  
**BEARDENT, INC.**



Principal Place of Business  
**4972 OPUTLOOK DR  
MELBOURNE, FL 32940-2336**

Mailing Address  
**4972 OPUTLOOK DR  
MELBOURNE, FL 32940-2336**



**DO NOT WRITE IN THIS SPACE**

02082008 No Chg-P CR2E034 (11/05)

4. FEI Number  
**59-3568205**

Applied For  
Not Applicable

5. Certificate of Status Desired ☐

**\$8.75** Additional  
Fee Required

**6. Name and Address of Current Registered Agent**

**THOMPSON, LYNNE R ESQ.  
529 E. NEW HAVEN AVE.  
MELBOURNE, FL 32901**

**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)

000000820449

02/22/08-80018-020 150.00

**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 D  
NAME STRAUB, BARRY S  
STREET ADDRESS 4972 OUTLOOK DR  
CITY-ST-ZIP MELBOURNE, FL 329402336

TITLE  
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STREET ADDRESS  
CITY-ST-ZIP

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CITY-ST-ZIP

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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:**

*Barry S. Straub*  
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

2-10-08

Date

321 242 1608

Daytime Phone