

# 2005 FOR PROFIT CORPORATION ANNUAL REPORT

**FILED**  
**Jul 29, 2005 08:00 AM**  
**Secretary of State**

DOCUMENT # P99000042409

1. Entity Name  
B.E.S. COM, INC.



Principal Place of Business  
PO BOX 9126  
DAYTONA, FL 32120

Mailing Address  
PO BOX 9126  
DAYTONA, FL 32120

**DO NOT WRITE IN THIS SPACE**



07262005 No Chg-P CR2E034 (10/03)

4. FEI Number  
59-3577153

Applied For  
Not Applicable

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

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

GRAY, SUSIE  
1250 PILGRAM PLACE  
DAYTONA BEACH, FL 32119

**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 7, 2005**

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	D
NAME	FARLEY, MARIE F
STREET ADDRESS	814 S.E. 2ND STREET
CITY-ST-ZIP	OCALA, FL 34471
TITLE	P
NAME	FARLEY, MARIE F
STREET ADDRESS	814 SE 2ND STREET
CITY-ST-ZIP	OCALA, FL 34471
TITLE	D
NAME	GRAY, SUSIE
STREET ADDRESS	1250 PILGRAM PLACE
CITY-ST-ZIP	DAYTONA BEACH, FL 32119
TITLE	
NAME	
STREET ADDRESS	
CITY-ST-ZIP	
TITLE	
NAME	
STREET ADDRESS	
CITY-ST-ZIP	

000000374983  
07/29/05-80007-017 150.00

**DO NOT WRITE  
IN THIS SPACE**

12. I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Section 119.07(3)(i), 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

SUSIE GRAY

7/26/05

Date

(386) 760-0657

Daytime Phone #