


# 2006 FOR PROFIT CORPORATION ANNUAL REPORT (AR)

**FILED**  
**May 04, 2006 08:00 AM**  
**Secretary of State**

<b>DOCUMENT # P99000042409</b>	
1. Entity Name <b>B.E.S. COM, INC.</b>	

Principal Place of Business <b>PO BOX 9126 DAYTONA FL 32120</b>	Mailing Address <b>PO BOX 9126 DAYTONA FL 32120</b>
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2. Principal Place of Business		3. Mailing Address	
Suite, Apt. #, etc.		Suite, Apt. #, etc.	
City & State		City & State	
Zip	Country	Zip	Country

1st MOORE CR2E034 (10/05)

4. FEI Number <b>59-3577153</b>	Applied For <input type="checkbox"/> Not Applicable
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5. Certificate of Status Desired <input type="checkbox"/>	<b>\$8.75</b> Additional Fee Required
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<b>6. Name and Address of Current Registered Agent</b>
<b>GRAY, SUSIE 1250 PILGRAM PLACE DAYTONA BEACH FL 32119</b>

<b>7. Name and Address of New Registered Agent</b>
Name
Street Address (P.O. Box Number is Not Acceptable)
City <b>FL</b> 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	(NOTE: Registered Agent signature required when reconstituted)	DATE
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<b>FILE NOW!!! FEE IS \$150.00</b> <b>After May 1, 2006 Fee Will Be \$550.00</b> <b>Make Check Payable to Florida Department of State</b>	9. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/> <b>\$5.00</b> May Be Added to Fees
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10. OFFICERS AND DIRECTORS	
TITLE	<input type="checkbox"/> Delete
NAME	<b>FARLEY, MARIE F</b>
STREET ADDRESS	<b>814 S.E. 2ND STREET</b>
CITY-ST-ZIP	<b>OCALA FL 34471</b>
TITLE	<input type="checkbox"/> Delete
NAME	<b>FARLEY, MARIE F</b>
STREET ADDRESS	<b>814 SE 2ND STREET</b>
CITY-ST-ZIP	<b>OCALA FL 34471</b>
TITLE	<input type="checkbox"/> Delete
NAME	<b>GRAY, SUSIE</b>
STREET ADDRESS	<b>1250 PILGRAM PLACE</b>
CITY-ST-ZIP	<b>DAYTONA BEACH FL 32119</b>
TITLE	<input type="checkbox"/> Delete
NAME	
STREET ADDRESS	
CITY-ST-ZIP	
TITLE	<input type="checkbox"/> Delete
NAME	
STREET ADDRESS	
CITY-ST-ZIP	
TITLE	<input type="checkbox"/> Delete
NAME	
STREET ADDRESS	
CITY-ST-ZIP	

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11	
TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	
STREET ADDRESS	
CITY-ST-ZIP	
TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	
STREET ADDRESS	
CITY-ST-ZIP	
TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	
STREET ADDRESS	
CITY-ST-ZIP	
TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	
STREET ADDRESS	
CITY-ST-ZIP	

000000562080  
05/19/06-80040-015 150.00

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 empowered.

SIGNATURE: <i>Susie Gray</i>	Date: <b>2-14-06</b>	Daytime Phone: <b>386 760 0657</b>
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR		