

# 2007 FOR PROFIT CORPORATION ANNUAL REPORT (AR)

**FILED**  
**May 21, 2007 8:00 am**  
**Secretary of State**

04-25-2007 90191 029 \*\*\*150.00

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1st MOORE CR2E034 (10/06)

|                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                              |                                                                                                                                                                                                |         |                                                            |                                                                                                                     |  |
|----------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|---------|------------------------------------------------------------|---------------------------------------------------------------------------------------------------------------------|--|
| <b>DOCUMENT # P99000042409</b><br>1. Entity Name<br><b>B.E.S. COM, INC.</b>                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                  |                                                                                                                                                                                                |         |                                                            |                                                                                                                     |  |
| Principal Place of Business<br><b>PO BOX 9126<br/>DAYTONA FL 32120</b>                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                       |                                                                                                                                                                                                |         | Mailing Address<br><b>PO BOX 9126<br/>DAYTONA FL 32120</b> |                                                                                                                     |  |
| 2. Principal Place of Business - No P.O. Box #                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                               |                                                                                                                                                                                                |         | 3. Mailing Address                                         |                                                                                                                     |  |
| Suite, Apt. #, etc.                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                          |                                                                                                                                                                                                |         | Suite, Apt. #, etc.                                        |                                                                                                                     |  |
| City & State                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                 |                                                                                                                                                                                                |         | City & State                                               |                                                                                                                     |  |
| Zip                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                          |                                                                                                                                                                                                | Country |                                                            | Zip                                                                                                                 |  |
| Country                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                      |                                                                                                                                                                                                | Country |                                                            | 4. FEI Number <b>59-3577153</b>                                                                                     |  |
| 5. Certificate of Status Desired <input type="checkbox"/>                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                    |                                                                                                                                                                                                |         |                                                            | <b>\$8.75 Additional Fee Required</b>                                                                               |  |
| 6. Name and Address of Current Registered Agent                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                              |                                                                                                                                                                                                |         |                                                            | 7. Name and Address of New Registered Agent                                                                         |  |
| <b>GRAY, SUSIE</b><br><del>1250 PILGRIM PLACE P.O. BOX 9126</del><br><del>DAYTONA BEACH FL 32119</del><br><b>1250 PILGRIM PLACE</b><br><b>DAYTONA BEACH, FL 32119</b>                                                                                                                                                                                                                                                                                                                                                                                                                                                                        |                                                                                                                                                                                                |         |                                                            | Name <b>N/A</b><br>Street Address (P.O. Box Number is Not Acceptable)<br><br>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 <b>N/A</b><br><small>Signature, typed or printed name of registered agent and fee is applicable. (NOTE: Registered Agent signature required when restoring)</small>                                                                                                                                                                                                                                                                                                                                                                                                                                                                |                                                                                                                                                                                                |         |                                                            | DATE <b>N/A</b>                                                                                                     |  |
| <b>FILE NOW!!! FEE IS \$150.00</b><br><b>After May 1, 2007 Fee Will Be \$550.00</b><br><b>Make Check Payable to Florida Department of State</b>                                                                                                                                                                                                                                                                                                                                                                                                                                                                                              |                                                                                                                                                                                                |         |                                                            | 9. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/> <b>\$5.00 May Be Added to Fees</b> |  |
| 10. OFFICERS AND DIRECTORS                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                   |                                                                                                                                                                                                |         | 11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11      |                                                                                                                     |  |
| TITLE<br>NAME<br>STREET ADDRESS<br>CITY - ST - ZIP                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                           | <b>D</b><br><b>FARLEY, MARIE F</b><br><b>814 S.E. 2ND STREET</b><br><b>OCALA FL 34471</b>                                                                                                      |         | TITLE<br>NAME<br>STREET ADDRESS<br>CITY - ST - ZIP         | <input type="checkbox"/> Change <input type="checkbox"/> Addition                                                   |  |
| TITLE<br>NAME<br>STREET ADDRESS<br>CITY - ST - ZIP                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                           | <b>P</b><br><b>FARLEY, MARIE F</b><br><b>814 SE 2ND STREET</b><br><b>OCALA FL 34471</b>                                                                                                        |         | TITLE<br>NAME<br>STREET ADDRESS<br>CITY - ST - ZIP         | addition                                                                                                            |  |
| TITLE<br>NAME<br>STREET ADDRESS<br>CITY - ST - ZIP                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                           | <del><b>GRAY, SUSIE</b></del><br><del><b>1250 PILGRIM PLACE P.O. BOX 9126</b></del><br><del><b>DAYTONA BEACH FL 32119</b></del><br><b>1250 PILGRIM PLACE</b><br><b>DAYTONA BEACH, FL 32119</b> |         | TITLE<br>NAME<br>STREET ADDRESS<br>CITY - ST - ZIP         | addition                                                                                                            |  |
| TITLE<br>NAME<br>STREET ADDRESS<br>CITY - ST - ZIP                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                           | <b>D</b><br><b>GRAY, SUSIE</b><br><b>1250 PILGRIM PLACE</b><br><b>DAYTONA BEACH, FL 32119</b>                                                                                                  |         | TITLE<br>NAME<br>STREET ADDRESS<br>CITY - ST - ZIP         | addition                                                                                                            |  |
| TITLE<br>NAME<br>STREET ADDRESS<br>CITY - ST - ZIP                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                           | <input type="checkbox"/> Delete                                                                                                                                                                |         | TITLE<br>NAME<br>STREET ADDRESS<br>CITY - ST - ZIP         | addition                                                                                                            |  |
| TITLE<br>NAME<br>STREET ADDRESS<br>CITY - ST - ZIP                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                           | <input type="checkbox"/> Delete                                                                                                                                                                |         | TITLE<br>NAME<br>STREET ADDRESS<br>CITY - ST - ZIP         | addition                                                                                                            |  |
| 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. |                                                                                                                                                                                                |         |                                                            |                                                                                                                     |  |
| <b>SIGNATURE: <u>Susie Gray</u> SUSIE GRAY 2/16/07 386 334 3223</b><br><small>SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #</small>                                                                                                                                                                                                                                                                                                                                                                                                                                                                |                                                                                                                                                                                                |         |                                                            |                                                                                                                     |  |

*5/16/07*  
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