

2004 FOR PROFIT CORPORATION ANNUAL REPORT (AR)

FILED
Apr 19, 2004 8:00 am
Secretary of State

04-19-2004 90301 024 ***155.00

DOCUMENT # P99000060894

1. Entity Name

BESCO CONSULTANTS, INC.



Principal Place of Business

614 GRAND CENTRAL
CLEARWATER FL 33756

Mailing Address

PO BOX 3121
CLEARWATER BEACH FL 33767

2. Principal Place of Business

924 SAN CHRISTOPHER DR.
Suite, Apt. #, etc.

3. Mailing Address

Suite, Apt. #, etc.

City & State

DUNEDIN, FL

City & State

Zip

34698

Country
USA

Country

4. FEI Number

59-3594626

Applied For

Not Applicable

5. Certificate of Status Desired ☐

\$8.75 Additional
Fee Required

6. Name and Address of Current Registered Agent

BESSETTE, PAUL
614 GRAND CENTRAL
CLEARWATER FL 33756

7. Name and Address of New Registered Agent

Name

PAUL BESSETTE

Street Address (P.O. Box Number is Not Acceptable)

924 SAN CHRISTOPHER DR.

City

DUNEDIN

FL

Zip Code

34698

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

Paul Besette

Signature, typed or printed name of registered agent and title if applicable.

(NOTE: Registered Agent signature required when reinstating)

DATE

4-17-04

FILE NOW!!! FEE IS \$150.00

After May 1, 2004 Fee will be \$550.00

Make Check Payable to Florida Department of State

9. Election Campaign Financing
Trust Fund Contribution. ☒

\$5.00 May Be
Added to Fees

10. OFFICERS AND DIRECTORS

TITLE D ☐ Delete
NAME BESSETTE, PAUL
STREET ADDRESS 614 GRAND CENTRAL
CITY-ST-ZIP CLEARWATER FL 33756

TITLE S ☐ Delete
NAME BESSETTE, DIANE R
STREET ADDRESS 924 SAN CHRISTOPHER
CITY-ST-ZIP DUNEDIN FL 34698

TITLE ☐ Delete
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ Delete
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ Delete
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ Delete
NAME
STREET ADDRESS
CITY-ST-ZIP

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE ☐ Change ☐ Addition
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ Change ☐ Addition
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ Change ☐ Addition
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CITY-ST-ZIP

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:

Paul Besette PAUL BESSETTE

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

4-17-04

Daytime Phone #

727/8044000