2004 FOR PROFIT CORPORATION ANNUAL REPORT (AR)

SIGNATURE:

Apr 22, 2004 8:00 am Secretary of State **DOCUMENT # V26369** 1. Entity Name 04-22-2004 90079 035 ***150.00 BLUE BEES CORP. Principal Place of Business Mailing Address 2070 RINGLING BLVD. SARASOTA FL 34237 2070 RINGLING BLVD. SARASOTA FL 34237 2. Principal Place of Business 3. Mailing Address Suite, Apt. #, etc. Suite, Apt. #, etc. MOORE CR2E034 (11/03) Applied For City & State City & State 4. FEI Number 65-0328733 Not Applicable Zip Country Country \$8.75 Additional 5. Certificate of Status Desired Fee Required 6. Name and Address of Current Registered Agent 7. Name and Address of New Registered Agent Name CAUSEY, OMER S. Street Address (P.O. Box Number is Not Acceptable) 2070 RINGLING BLVD. SARASOTA FL 34237 City 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 obligation of registered agent. CAUSEV OMER SIGNATURE gnature required when reinstating) FILE NOW!!! FEE IS \$150.00 9. Election Campaign Financing \$5.00 May Be After May 1, 2004 Fee will be \$550.00 Trust Fund Contribution. Added to Fees Make Check Payable to Florida Department of State OFFICERS AND DIRECTORS 10. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11 11. TITLE D ☐ Addition Delete TITLE NELSON, RICHARD E NAME NAME 5225 HIDDEN HARBOR RD. STREET ADDRESS STREET ADDRESS SARASOTA FL CITY-ST-7IP CITY-ST-7/P TITLE ☐ Delete TITLE ☐ Change Addition HERB. F. STEVEN NAME NAME 5820 RIEGEL'S HARBOR RD. STREET ADDRESS STREET ADDRESS CITY-ST-ZIP SARASOTA FL CITY-ST-ZIP ☐ Delete TITLE D TITLE ☐ Change ☐ Addition DOOLEY, WILLIAM A NAME STREET ADDRESS 1333 LADUE LANE STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP SARASOTA FL ☐ Addition TITLE ☐ Delete TITLE CAUSEY, OMERS. 5782 OLD RANCH RD. CAUSEY, OMER S NAME 654 SANDY NOOK ST. STREET ADDRESS STREET ADDRESS SARASITA, EL 34241 CITY-ST-ZIP SARASOTA FL CITY-ST-ZIP ☐ Delete ☐ Change ☐ Addition NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP TITLE ☐ Delete TITLE ☐ Change ☐ Addition NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-7IP 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.

FILED

04/16/75 94/-366-7550 Daytime Phone #