

2008 FOR PROFIT CORPORATION ANNUAL REPORT

FILED
Apr 23, 2008 08:00 AM
Secretary of State

DOCUMENT # V26369

1. Entity Name
BLUE BEES CORP.



Principal Place of Business
2070 RINGLING BLVD.
SARASOTA, FL 34237

Mailing Address
2070 RINGLING BLVD.
SARASOTA, FL 34237



04172008 No Chg-P CR2E034 (11/05)

DO NOT WRITE IN THIS SPACE

4. FEI Number
65-0328733

Applied For
Not Applicable

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

6. Name and Address of Current Registered Agent

CAUSEY, OMER S.
2070 RINGLING BLVD.
SARASOTA, FL 34237

**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 reconstituting)

DATE

FILE NOW!!! FEE IS \$150.00
After May 1, 2008 Fee will be \$550.00

9. Election Campaign Financing
Trust Fund Contribution ☐

\$5.00 May Be
Added to Fees

000000916712
05/13/08-80012-021 150.00

10. OFFICERS AND DIRECTORS

TITLE D
NAME HERB, F. STEVEN
STREET ADDRESS 5820 RIEGEL'S HARBOR RD.
CITY-ST-ZIP SARASOTA, FL

TITLE D
NAME DOOLEY, WILLIAM A
STREET ADDRESS 1333 LADUE LANE
CITY-ST-ZIP SARASOTA, FL

TITLE D
NAME CAUSEY, OMER S
STREET ADDRESS 5782 OLD RANCH RD
CITY-ST-ZIP SARASOTA, FL 34241

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP

**DO NOT WRITE
IN THIS SPACE**

12. I hereby certify that the information supplied with this filing does not qualify for the exemptions contained in Chapter 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: *OMER CAUSEY*

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

04/17/08

Date

941 366-7550

Daytime Phone #