2007 FOR PROFIT CORPORATION
ANNUAL REPORT

DOCUMENT # V36408

1. Entity Name
BEAVER BULK, INC.

Principal Place of Business	Mailing Address
140 PALM ST NE	P.O BOX 417
LIVE OAK, FL 32064 US	LIVE OAK, FL 32064 US

DO NOT WRITE IN THIS SPACE

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03292007   No Chg-P   CR2E034 (11/05)

4. FEI Number	Applied For
59-3138298	Not Applicable

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

6. Name and Address of Current Registered Agent

BEAVER, SUSAN
140 PALM ST. NE
LIVE OAK, FL 32064

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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 reinstating)   DATE

FILE NOW!!! FEE IS $150.00 **After May 1, 2007, Fee will be $550.00**	**9.** Election Campaign Financing Trust Fund Contribution. ☐	**$5.00** May Be Added to Fees

10.   OFFICERS AND DIRECTORS

TITLE	PD
NAME	BEAVER, SUSAN MERCER
STREET ADDRESS	1112 HELVENSTON
CITY-ST-ZIP	LIVE OAK, FL
TITLE	
NAME	
STREET ADDRESS	
CITY-ST-ZIP	
TITLE	
NAME	
STREET ADDRESS	
CITY-ST-ZIP	
TITLE	
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CITY-ST-ZIP	
TITLE	
NAME	
STREET ADDRESS	
CITY-ST-ZIP	

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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: _Susan Beaver_   Susan Beaver   3/30/07   (386) 362-1185

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR   Date   Daytime Phone #