## 2008 FOR PROFIT CORPORATION ANNUAL REPORT (AR)

SIGNATURE:

## **FILED** Apr 09, 2008 08:00 A Secretary of State DOCUMENT # V49027 1. Entity Name STEVEN BEAULIEU INC. Principal Place of Business Mailing Address 34030 26TH AVE EAST P.O. BOX 20482 BRADENTON FL 34204 **BRADENTON FL 34208** 2. Principal Place of Business - No P.G. Box # 3. Mailing Address Salte, Apr. #, etc. Soite Apt #, etc 1st MOORE CR2E034 (10/07) City & State City & State 4. FEI Number Applied For 65-0348801 Not Applicable Ζıp Country Ζip 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 Marrie BEAULIEU, STEUEN Street Address (P.O. Box Number is Not Acceptable) 3430 26TH AVE E **BRADENTON FL 34208** City 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. Tam familiar with, and accept the obligations of registered agent. SIGNATURE. Signature, typed or priceed name of registered agent a lift this ill applicable fNOTE: Registered Agent a gradure required when roles autilig-DATE FILE NOW!!! FEE IS \$150,00 9. Election Campaign Financing \$5.00 May Be After May 1, 2008 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 ☐ Derete TITLE Addition NAME BEAULIEU, STEVEN NAME U00000887539 04/21/08-80024-011 150.00 STREET ADDRESS 3430 26TH AVE E STREET ADDRESS CITY-ST-ZIP **BRADENTON FL 34208** CITY-ST-ZIP TITLE ☐ Derete TITLE ☐ Change Addition NAME NAME STREET ADDRESS STREFT ADDRESS CITY-ST-ZIP CITY-ST-ZIP Derete MUE. THEE ☐ Change ☐ Addition NAME NAME STREET ADDRESS STREET ADDRESS City-St-2iP CITY - GT- ZIP DILE De ete ☐ Change ☐ Addition NAME STREET ADDRESS STREET ADDRESS GITY-ST-ZIP CITY - ST - ZIP FIT: F ☐ Deiete ☐ Change Addition NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-SI-ZIF MUE ☐ De-ete TITLE Addition NAME NAME STREET ADDRESS STREET ADDRESS CITY - ST- ZIE CITY-ST-ZIP 12. Thereby 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 efficier 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.

BEAULIEU

Dischip Phone #

STEUEN

IGNING OFFICER OR DIRECTOR