

**2005 FOR PROFIT CORPORATION
ANNUAL REPORT**

FILED
Apr 27, 2005 08:00 AM
Secretary of State

DOCUMENT # 216025

1. Entity Name
BEASLEY'S MEN STORE, INC.



Principal Place of Business
**17 SOUTH TROPICAL TRAIL
MERRITT ISLAND, FL 32952 US**

Mailing Address
**P.O. BOX 667
COCOA, FL 32923 US**



04062005 No Chg-P CR2E034 (10/03)

DO NOT WRITE IN THIS SPACE

4. FEI Number
59-0858689

Applied For
Not Applicable

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

6. Name and Address of Current Registered Agent

**BEASLEY, WILLIAM
1315 ROCKLEDGE AVE
ROCKLEDGE, FL 32955**

**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 reinstating)

DATE

**FILE NOW!!! FEE IS \$150.00
After May 1, 2005 Fee will be \$550.00**

9. Election Campaign Financing
Trust Fund Contribution. ☐

**\$5.00 May Be
Added to Fees**

10. OFFICERS AND DIRECTORS

TITLE	P
NAME	BEASLEY, WILLIAM
STREET ADDRESS	1315 ROCKLEDGE DR
CITY-ST-ZIP	ROCKLEDGE, FL 32955
TITLE	V
NAME	SHINTA, DAWN
STREET ADDRESS	1438 HAGEN LN
CITY-ST-ZIP	ROCKLEDGE, FL 32955
TITLE	ST
NAME	BEASLEY, THOMAS
STREET ADDRESS	560 HARRISON AVE
CITY-ST-ZIP	CAPE CANAVERAL, FL 32920
TITLE	
NAME	
STREET ADDRESS	
CITY-ST-ZIP	
TITLE	
NAME	
STREET ADDRESS	
CITY-ST-ZIP	

1000000333932
04/27/05-20023-013 150.00

**DO NOT WRITE
IN THIS SPACE**

12. I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Section 119.07(3)(f), 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:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

Thomas J. Beasley Jr **THOMAS J. BEASLEY JR** 4/6/05 321-453-3680