## **2007 FOR PROFIT CORPORATION**

## **FILED**

Annual Report				_	Feb 26, 2007 08:00		
DOCUM	MENT # J20393				Secre	tary of Stat	
1. Entity Name					•	J	
JOHN R. BEACH & ASSOCIATES, INC.							
·*							
Principal Place	of Business	Mailing Address	1'7	,			
	- · · · · · · · · · · · · · · · · · · ·	911 ST. PETERSBURG DRIVE V	VEST	1	, , ,		
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				4. FEI Numbe		Applied For	
				59-268		Not Applicable	
					of Status Desired	\$8.75 Additional	
				J. Commodito		Fee Required	
	6. Name and Address of Current Reg	istered Agent	•				
BEACH, JO	HN R.			DO	<b>NOT WRIT</b>	·E	
12502 TWIN BRANCH ACRES ROAD				DU	IACI AAUII		
TAMPA, FL 33626				IN 7	THIS SPAC	Έ	
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		,					
	named entity submits this statement for the ons of registered agent.	purpose of changing its register	ed office or registe	red agent, or bot	h, in the State of Florida. I a	am familiar with, and accept	
SIGNATURE Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating)  DATE						E	
		1	*	,			
FILE NOWIII FEE IS \$150.00 9. Election Campaign Final After May 1 2007 Fee will be \$550.00 Trust Fund Contribution.				.00 May Be ded to Fees			
Arter May	y 1, 2007 Fee will be \$550.00	Trace and Contribution		30,0 10 7 005			
10.	OFFICERS AND DIR	ECTORS	,				
	PDST BEACH, JOHN R.			. *		•	
	12502 TWIN BRANCH ACRES				U000006479	70	
1	TAMPA, FL 33626				03/06/07-8008 03/06/07-8008	1 <del></del>	
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12. I hereby certify that the information supplied with this filling 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.

TITLE NAME STREET ADDRESS CITY-ST-ZIP

SIGNATURE AND TYPED OR PRINTED NAME OF BIGNING OFFICER OR DIRECTOR

BIGNATURE AND TYPED OR PRINTED NAME OF BIGNING OFFICER OR DIRECTOR