


**2007 FOR PROFIT CORPORATION ANNUAL REPORT**

**FILED**  
**Mar 12, 2007 08:00 AM**  
**Secretary of State**

DOCUMENT # K42614  
 1. Entity Name  
 BEACON TITLE SERVICES, INC.



Principal Place of Business      Mailing Address  
 6209 WEST COMMERCIAL BLVD., #1      6209 WEST COMMERCIAL BLVD., #1  
 TAMARAC, FL 33319      TAMARAC, FL 33319

**DO NOT WRITE IN THIS SPACE**



01032007      No Chg-P      CR2E034 (11/05)

4. FEI Number      Applied For  
 65-0082514      Not Applicable

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

6. Name and Address of Current Registered Agent  
 HOFFMAN, DESIREE D  
 6209 W. COMMERCIAL BLVD, #1  
 TAMARAC, FL 33319

**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 \_\_\_\_\_ DATE \_\_\_\_\_  
Signature, typed or printed name of registered agent and title if applicable (NOTE: Registered Agent signature required when reinstating)

**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	PVST
NAME	HOFFMAN, DESIREE D
STREET ADDRESS	6209 WEST COMMERCIAL BLVD., #1
CITY-ST-ZIP	TAMARAC, FL 33319
TITLE	
NAME	
STREET ADDRESS	
CITY-ST-ZIP	
TITLE	
NAME	
STREET ADDRESS	
CITY-ST-ZIP	
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NAME	
STREET ADDRESS	
CITY-ST-ZIP	
TITLE	
NAME	
STREET ADDRESS	
CITY-ST-ZIP	

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**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 of 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: Desiree D. Hoffman, Pres.      3-9-07      (813) 721-4299  
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR      Date      Daytime Phone #

*Desiree D. Hoffman*