

2021 FLORIDA PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# P20000026914

Entity Name: BEACON CONSULTING SERVICES AND INSURANCE INC**Current Principal Place of Business:**3746 PINEHURST DRIVE
HOLIDAY, FL 34691**Current Mailing Address:**3746 PINEHURST DRIVE
HOLIDAY, FL 34691 US**FEI Number: 82-4058943****Certificate of Status Desired:** No**Name and Address of Current Registered Agent:**LANGAME, WALACE R
3746 PINEHURST DRIVE
HOLIDAY, FL 34691 US*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.***SIGNATURE:**_____
Electronic Signature of Registered Agent_____
Date**Officer/Director Detail :**

Title	CFO
Name	LANGAME, WALACE R
Address	3746 PINEHURST DRIVE
City-State-Zip:	HOLIDAY FL 34691

Title	VP
Name	CLAUDIA, HART
Address	4106 VIST VERDE DRIVE APT #16
City-State-Zip:	NEW PORT RICHEY FL 34655

Title	VP
Name	BENTO HART, CLAUDIA
Address	4106 VIST VERDE DRIVE APT #16
City-State-Zip:	NEW PORT RICHEY FL 34655

Title	DIR
Name	LANGAME, WALACE R
Address	3746 PINEHURST DRIVE
City-State-Zip:	HOLIDAY FL 34691

Title	P
Name	SANTIAGO, FRANCISCO DE SOUZA
Address	3746 PINEHURST DRIVE
City-State-Zip:	HOLIDAY FL 34691

Title	DIR
Name	LANGAME, WALACE
Address	3746 PINEHURST DRIVE
City-State-Zip:	HOLIDAY FL 34691

I hereby certify that the information indicated on this report or supplemental report is true and accurate and that my electronic 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 above, or on an attachment with all other like empowered.

SIGNATURE: WALACE LANGAME**PRESIDENT****03/05/2021**_____
Electronic Signature of Signing Officer/Director Detail_____
Date