2006 FOR PROFIT CORPORATION ANNUAL REPORT

FILED Jan 30, 2006 08:00 AN Secretary of State

321-773-2525

Jan 36 200L

1. Entity Nan	MENT # 298982 PATRICK HARDWARE AND LU		Secretary of State			
1847 SOUTI	I PATRICK DRIVE	Asiling Address 1847 SOUTH PATRICK DRIVE INDIAN HARBOUR, FL 32937	~ .			•
C	O NOT WRITE I		CE	01142006 4. FEI Numb 59-110	No Chg-P	CR2E034 (11/05) Applied For. Not Applicab \$8.75 Additional Fee Regulred
	OHN TIN ROAD IGE, FL 32955	•			NOT W	
8. The above the obligat SIGNATURE	named entity submits this statement for the tions of registered agent. Signature, typed or printed name of registered agent and till	o if applicable. (NOTE. Registere	d Agent signatúre ředjutred	when rematering)	th, in the State of Flo	orida. I am familiar with, and accep
After M	E NOW!!! FEE IS \$150.00 ay 1, 2006 Fee will be \$550.00	9. Election Campaign Finar Trust Fund Contribution.		.00 May Be ed to Fees		
TITLE NAME STREET ADDRESS CITY-ST-ZIP TITLE NAME	OFFICERS AND DIRE PD BEYER, JOHN 1401 MARTIN RD ROCKLEDGE, FL 32955 D BEYER, JOHN F	CTORS			<u> </u>	0407847 i-80034-025 150.00
STREET ADDRESS CITY-ST-ZIP	295 CARISSA DRIVE SATELLITE BEACH, FL				UZ/U8/U6	-8UU34-8C3 13U.8w
NAME STREET ADDRESS CITY-ST-ZIP		· · · · · · · · · · · · · · · · · · ·			NOT W	
TITLE NAME STREET ADDRESS CITY-ST-ZIP				in	THIS SF	ACE
TITLE NAME STREET ADDRESS CITY - ST - ZIP		: :				
TITLE NAME STREET ADDRESS CITY+ST-ZIP				<u>-</u>		
12. I hereby of indicated of the cor changed.	certify that the information supplied with this on this report or supplemental report is true poration or the receiver or trustee empowers or on an attachment with an address, with a	filing does not quality for the exe and accurate and that my signal of to execute this report as required to other like empowered.	emptions contained ure shall have the s red by Chapter 607	l in Chapter 119 same legal effec , Florida Statute), Florida Statutes. I of as if made under o s; and that my name	further certify that the information path; that I am an officer or director appears in Block 10 or Block 11 if

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

SIGNATURE: