

2005 FOR PROFIT CORPORATION ANNUAL REPORT (AR)

FILED
Mar 29, 2005 8:00 am
Secretary of State

03-29-2005 90026 003 ***150.00

DOCUMENT # 348176

1. Entity Name

BEACHWOOD CONTRACTORS INC



Principal Place of Business

~~1876 N UNIVERSITY DR~~
~~101F~~
~~PLANTATION FL 33322~~

Mailing Address

~~1876 N UNIVERSITY DR~~
~~101F~~
~~PLANTATION FL 33322~~

50031948



2. Principal Place of Business

2461-2 E Aragon Blvd
Suite, Apt. #, etc.
2

3. Mailing Address

2461-2 E Aragon Blvd
Suite, Apt. #, etc.
2

1st MOORE

CR2E034 (10/04)

City & State

Sunrise FL
Zip 33313 Country USA

City & State

Sunrise, FL
Zip 33313 Country USA

4. FEI Number

59-1274502

Applied For

Not Applicable

5. Certificate of Status Desired ☐

\$8.75 Additional
Fee Required

6. Name and Address of Current Registered Agent

SANDERSON, HAROLD D.
~~1876 N UNIVERSITY DR #101F~~
~~FORT LAUDERDALE FL 33322~~

7. Name and Address of New Registered Agent

Name

Street Address (P.O. Box Number is Not Acceptable)

2461-2 E Aragon Blvd

City Sunrise

FL

Zip Code 33313

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

Make Check Payable to Florida Department of State

9. Election Campaign Financing
Trust Fund Contribution. ☐

\$5.00 May Be
Added to Fees

10. OFFICERS AND DIRECTORS

TITLE P ☐ Delete
NAME SANDERSON, HAROLD
STREET ADDRESS ~~1876 N UNIVERSITY DR 101F~~
CITY-ST-ZIP ~~PLANTATION FL 33322~~

TITLE ☐ Delete
NAME
STREET ADDRESS
CITY-ST-ZIP

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CITY-ST-ZIP

TITLE ☐ Delete
NAME
STREET ADDRESS
CITY-ST-ZIP

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE ☒ Change ☐ Addition
NAME 2461-2 E Aragon Blvd
STREET ADDRESS Sunrise, FL 33313
CITY-ST-ZIP

TITLE ☐ Change ☐ Addition
NAME
STREET ADDRESS
CITY-ST-ZIP

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CITY-ST-ZIP

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

2/15/05 954-741-0460