2004 FOR PROFIT CORPORATION ANNUAL REPORT

FILED
Jan 14, 2004
Secretary of State

DOCUMENT# 496016

Entity Name: C. BOB BEALE COMPANY, INC.

Current Principal Place of Business:

1000 HOOVER ROAD
WINTER HAVEN, FL 33884 US

New Principal Place of Business:

Current Mailing Address:

1000 HOOVER ROAD
WINTER HAVEN, FL 33884 US

New Mailing Address:

FEI Number: 59-1642306 **FEI Number Applied For ( )** **FEI Number Not Applicable ( )** **Certificate of Status Desired ( )**

Name and Address of Current Registered Agent:

BEALE, DAN L
6618 WINTER GARDENS ROAD
WINTER HAVEN, FL 33884

Name and Address of New Registered Agent:

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

Election Campaign Financing Trust Fund Contribution ( ).

OFFICERS AND DIRECTORS:

Title: D ( ) Delete
Name: BEALE, C. ROBERT,
Address: 1113 CYPRESS POINT W.
City-St-Zip: WINTER HAVEN, FL

Title: P ( ) Delete
Name: BEALE, DAN L.,
Address: 6618 WINTER GARDENS RD.
City-St-Zip: WINTER HAVEN, FL

Title: V ( ) Delete
Name: BEAL, ROBERT D
Address: 3726 WHITE OAK COURT
City-St-Zip: LAKE WALES, FL 33853

Title: ST ( ) Delete
Name: ZINK, LAURA L
Address: 404 TENNYSON RD
City-St-Zip: WINTER HAVEN, FL 33884

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

Title: ( ) Change ( ) Addition
Name:
Address:
City-St-Zip:

Title: ( ) Change ( ) Addition
Name:
Address:
City-St-Zip:

Title: ( ) Change ( ) Addition
Name:
Address:
City-St-Zip:

Title: ( ) Change ( ) Addition
Name:
Address:
City-St-Zip:

I hereby certify that the information supplied with this filing does not qualify for the 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 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 an address, with all other like empowered.

SIGNATURE: LAURA ZINK ST 01/14/2004

Electronic Signature of Signing Officer or Director Date