2006 FOR PROFIT CORPORATION
ANNUAL REPORT

DOCUMENT # 683305

1. Entity Name
JOSEPH BEELER, P.A.

Principal Place of Business	Mailing Address
201 S BISCAYNE BLVD.	P.O. BOX 626
MIAMI, FL 33131-4325	MIAMI, FL 33137-0626

DO NOT WRITE IN THIS SPACE

05032006   No Chg-P   CR2E034 (11/05)

4. FEI Number	Applied For
59-2031376	Not Applicable

5. Certificate of Status Desired ☐ **$8.75** Additional Fee Required

6. Name and Address of Current Registered Agent

BEELER, M G
4455 ISLAND ROAD
MIAMI, FL 33137-3370

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

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

FILE NOW!!! FEE IS $550.00
Due by September 6, 2006

9. Election Campaign Financing Trust Fund Contribution. ☐ **$5.00** May Be Added to Fees

000000567012
06/12/06-80004-014 550.00

10.   OFFICERS AND DIRECTORS

TITLE	PD
NAME	BEELER, JOSEPH
STREET ADDRESS	201 S BISCAYNE BLVD., 34TH FLOOR
CITY-ST-ZIP	MIAMI, FL 331314325

TITLE	ST
NAME	BEELER, M G
STREET ADDRESS	4455 ISLAND ROAD
CITY-ST-ZIP	MIAMI, FL 331373370

TITLE	
NAME	
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CITY-ST-ZIP	

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 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: Mary Glenda F Beeler   06/08/06   305 575

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR   Date   Daytime Phone