


**2004 NOT-FOR-PROFIT CORPORATION  
ANNUAL REPORT (AR)**

**FILED**  
**Aug 30, 2004 8:00 am**  
**Secretary of State**

08-30-2004 90013 040 \*\*\*\*61.25

**DOCUMENT # 750630**  
1. Entity Name  
**BEACON POINT, INC.**



Principal Place of Business      Mailing Address  
4590 SO ATLANTIC AVE BOX 80      4590 SO ATLANTIC AVE BOX 80  
PONCE INLET FL 32127              PONCE INLET FL 32127

24082411



MOORE      CR2E037 (4/04)

2. Principal Place of Business      3. Mailing Address  
Suite, Apt. #, etc.                      Suite, Apt. #, etc.

City & State                              City & State

4. FEI Number      Applied For  
**59-2018545**                              Not Applicable

Zip      Country                              Zip      Country

5. Certificate of Status Desired      \$8.75 Additional Fee Required

6. Name and Address of Current Registered Agent  
**KISER, JOSEPH**  
**4590 S ATLANTIC AVENUE**  
**SUITE # 158**  
**DAYTONA BEACH FL 32127**

7. Name and Address of New Registered Agent  
Name      **KATHERINE TRUSWELL**  
Street A      **4590 S. Atlantic Avenue, #162**  
                            **Ponce Inlet, FL 32127**  
City    **FL**      Zip Code

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 *Katherine Truswell*      DATE 8/26/04

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

**FILE NOW: FEE IS \$61.25**  
**Due By September 8, 2004**

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

**Make Check Payable to Florida Department of State**

10. OFFICERS AND DIRECTORS

TITLE	P	<input checked="" type="checkbox"/> Delete
NAME	KISER, JOSEPH	
STREET ADDRESS	4590 S ATLANTIC AVENUE # 158	
CITY-ST-ZIP	PONCE INLET FL 32127	
TITLE	VP	<input checked="" type="checkbox"/> Delete
NAME	ROWLAND, DOUGLAS	
STREET ADDRESS	4590 S ATLANTIC AVENUE # 264	
CITY-ST-ZIP	PONCE INLET FL 32127	
TITLE	D	<input checked="" type="checkbox"/> Delete
NAME	OWENS, BARBARA	
STREET ADDRESS	1338 CORNER OAKS DR.	
CITY-ST-ZIP	BRANDON FL 33510	
TITLE	D	<input checked="" type="checkbox"/> Delete
NAME	GIAMICHAEL, DOLORES	
STREET ADDRESS	4590 S ATLANTIC AVE #148	
CITY-ST-ZIP	PONCE INLET FL 32127	
TITLE	D	<input checked="" type="checkbox"/> Delete
NAME	STALNAKER, DONALD	
STREET ADDRESS	590 BENDVIEW DRIVE	
CITY-ST-ZIP	CHARLESTON WV 25314	
TITLE	ST	<input checked="" type="checkbox"/> Delete
NAME	ROWLAND, JANE M	
STREET ADDRESS	4590 S ATLANTIC AVENUE # 264	
CITY-ST-ZIP	PONCE INLET FL 32127	

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10

TITLE	President	<input checked="" type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME	Wylie, Dolores	
STREET ADDRESS	4590 S. Atlantic Ave #261	
CITY-ST-ZIP	Ponce Inlet, FL 32127	
TITLE	VP	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	Zacher, Eric	
STREET ADDRESS	4590 S. Atlantic Ave #246	
CITY-ST-ZIP	Ponce Inlet, FL 32127	
TITLE	D	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	Byers, Joan	
STREET ADDRESS	609 Lake Ave.	
CITY-ST-ZIP	Altamont Springs FL 32701	
TITLE	D	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	Haag, Shirley	
STREET ADDRESS	4590 S. Atlantic Ave #163	
CITY-ST-ZIP	Ponce Inlet, FL 32127	
TITLE	T	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	Wickline, Kathryn	
STREET ADDRESS	4590 S., Atlantic Ave. #144	
CITY-ST-ZIP	Ponce Inlet, FL 32127	
TITLE	S	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	Truswell, Katherine	
STREET ADDRESS	4590 S. Atlantic Ave #162	
CITY-ST-ZIP	Ponce Inlet, FL 32127	

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 617, 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: *Katherine Truswell*      DATE: 8/26/04      DAYTIME PHONE: 386 788 5166

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR