

2005 FOR PROFIT CORPORATION ANNUAL REPORT

FILED
Apr 26, 2005 8:00 am
Secretary of State

04-26-2005 90147 018 ***150.00

DOCUMENT # F03000004802	
1. Entity Name D&M BECK, INC.	



Principal Place of Business 1230 S. SR 590 ELMORE, OH 43416	Mailing Address 1230 S. SR 590 ELMORE, OH 43416
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2. Principal Place of Business c/o Dolores Beck	3. Mailing Address c/o Dolores Beck
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Suite, Apt., #, etc. Lot #11	Suite, Apt., #, etc. Lot #11
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City & State Elmore, OH	City & State Elmore, OH
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Zip 43416	Country USA	Zip 43416	Country USA
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6. Name and Address of Current Registered Agent	
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HIGHTOWER, ROBERT S 241 EAST VIRGINIA ST. TALLAHASSEE, FL 32301	
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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.	
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SIGNATURE _____ <small>Signature, typed or printed name of registered agent and title if applicable</small>		DATE _____ <small>(NOTE: Registered Agent signature required when reinstating)</small>	
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FILE NOW!!! FEE IS \$150.00 After May 1, 2005 Fee will be \$550.00	9. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/> \$5.00 May Be Added to Fees
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10. OFFICERS AND DIRECTORS	
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TITLE NAME STREET ADDRESS CITY - ST - ZIP	P BECK, DOLORES 1230 S. SR 590 ELMORE, OH 43416 <input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY - ST - ZIP	S WRIGHT, PAUL L 4266 TULLER ROAD SUITE 101 DUBLIN, OH 43017 <input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY - ST - ZIP	<input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY - ST - ZIP	<input type="checkbox"/> Delete
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TITLE NAME STREET ADDRESS CITY - ST - ZIP	<input type="checkbox"/> Delete

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11	
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TITLE NAME STREET ADDRESS CITY - ST - ZIP	c/o Dolores Beck 1795 Elliston Trowbridge Rd. Lot #11 Elmore, OH 43416 <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY - ST - ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
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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.	
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SIGNATURE: Dolores J. Beck PRESIDENT OF D&M BECK 4/19/05 419-862-3220 <small>SIGNATURE AND TYPE OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR</small>	
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04052005 Chg-P CR2E034 (10/03)

4. FEI Number 34-1457332	Applied For <input type="checkbox"/> Not Applicable
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5. Certificate of Status Desired <input type="checkbox"/>	\$8.75 Additional Fee Required
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7. Name and Address of New Registered Agent	
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Name	
Street Address (P.O. Box Number is Not Acceptable)	
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.	
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SIGNATURE _____ <small>Signature, typed or printed name of registered agent and title if applicable</small>		DATE _____ <small>(NOTE: Registered Agent signature required when reinstating)</small>	
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