


# 2007 FOR PROFIT CORPORATION ANNUAL REPORT

**FILED**  
**Apr 23, 2007 8:00 am**  
**Secretary of State**

04-23-2007 90047 030 \*\*\*150.00

<b>DOCUMENT # F06000006399</b> 1. Entity Name <b>BEECH CONSTRUCTION SERVICES, INC.</b>					
Principal Place of Business <b>551 HUNTLEY INDUSTRIAL DRIVE SUITE B SMYRNA, TN 37167</b>				Mailing Address <b>551 HUNTLEY INDUSTRIAL DRIVE SUITE B SMYRNA, TN 37167</b>	
2. Principal Place of Business - No P.O. Box # <b>541 Huntley Industrial Dr.</b>				3. Mailing Address <b>541 Huntley Industrial Dr.</b>	
Suite, Apt. #, etc. <b>Suite B</b>				Suite, Apt. #, etc. <b>Suite B</b>	
City & State <b>Smyrna, TN</b>				City & State <b>Smyrna TN</b>	
Zip <b>37167</b>		Country <b>USA</b>		Zip <b>37167</b>	
Country <b>USA</b>		4. FEI Number <b>62-1549650</b>			
5. Certificate of Status Desired <input type="checkbox"/>				<b>\$8.75 Additional Fee Required</b>	
6. Name and Address of Current Registered Agent  <b>GARRISON, DANNY 2800 CARIBBEAN ISLE BLVD #807 MELBOURNE, FL 32935</b>				7. Name and Address of New Registered Agent Name <b>Danny Garrison</b> Street Address (P.O. Box Number is Not Acceptable) <b>145 Cinnamon Dr.</b> City <b>Satellite Beach</b> <b>FL</b> Zip Code <b>32937</b>	
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 _____ DATE _____ <small>Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating)</small>					
<b>FILE NOW!!! FEE IS \$150.00 After May 1, 2007 Fee will be \$550.00</b>		9. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/> <b>\$5.00 May Be Added to Fees</b>			
<b>10. OFFICERS AND DIRECTORS</b>			<b>11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11</b>		
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<b>P KING, CLAYTON 3999 NASHVILLE HWY LEWISBURG, TN 37091</b>		<input type="checkbox"/> Delete		
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<b>VP GRIFFIN, DANNY 3237 THOROUGHbred DR HERMITAGE, TN 37076</b>		<input type="checkbox"/> Delete		
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<b>ST PIERCE, GENE 2314 NASHBORO BLVD NASHVILLE, TN 37217</b>		<input type="checkbox"/> Delete		
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete		<input type="checkbox"/> Change <input type="checkbox"/> Addition		
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete		<input type="checkbox"/> Change <input type="checkbox"/> Addition		
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete		<input type="checkbox"/> Change <input type="checkbox"/> Addition		
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.					
<b>SIGNATURE:</b> <u>Gene Pierce</u> <b>Gene Pierce</b> <u>1/9/07</u> <u>615-642-3965</u> <small>SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #</small>					