


# 2004 FOR PROFIT CORPORATION ANNUAL REPORT

**FILED**  
**Feb 09, 2004 8:00 am**  
**Secretary of State**

02-09-2004 90062 027 \*\*\*150.00

<b>DOCUMENT # F08207</b> 1. Entity Name <b>BEYLARD CONSTRUCTION, INC.</b>					
Principal Place of Business <b>19780 S.W. 280TH STREET</b> <b>% SAMUEL L. BEYLARD</b> <b>HOMESTEAD, FL 33031</b>			Mailing Address <b>19780 S.W. 280TH STREET</b> <b>% SAMUEL L. BEYLARD</b> <b>HOMESTEAD, FL 33031</b>		
2. Principal Place of Business <b>157 TEQUESTA STREET</b> Suite, Apt. #, etc.		3. Mailing Address <b>- SAME -</b> Suite, Apt. #, etc.			
City & State <b>TAVERNIER, FLORIDA</b> Zip <b>33070-2139</b>		Country <b>USA</b>		City & State <b>TAVERNIER, FLORIDA</b> Zip <b>33070</b>	
4. FEI Number <b>59-2061939</b>		Applied For <input type="checkbox"/> Not Applicable			
5. Certificate of Status Desired <input type="checkbox"/>		<b>\$8.75</b> Additional Fee Required			
6. Name and Address of Current Registered Agent  <b>BEYLARD, SAMUEL L.</b> <b>19780 S.W. 280TH STREET</b> <b>HOMESTEAD, FL 33031</b>			7. Name and Address of New Registered Agent Name <b>BEYLARD, SAMUEL L.</b> Street Address (P.O. Box Number is Not Acceptable) <b>157 TEQUESTA STREET</b> City <b>TAVERNIER, FLORIDA</b> FL Zip Code <b>33070</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: <i>Samuel L. Beylard</i> DATE: <b>2-2-04</b> <small>Signature, typed or printed name of registered agent and date if applicable. (NOTE: Registered Agent signature required when reinstating)</small>					
<b>FILE NOW!!! FEE IS \$150.00</b> <b>After May 1, 2004 Fee will be \$550.00</b>		9. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/> <b>\$5.00</b> May Be Added to Fees			
10. OFFICERS AND DIRECTORS			11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11		
TITLE NAME STREET ADDRESS CITY-ST-ZIP	DP BEYLARD, SAMUEL L. 19780 SW 280TH STREET HOMESTEAD, FL	<input type="checkbox"/> Delete			
TITLE NAME STREET ADDRESS CITY-ST-ZIP	DP BEYLARD, SAMUEL L. 157 TEQUESTA STREET TAVERNIER, FLORIDA 33070-2139	<input type="checkbox"/> Change <input type="checkbox"/> Addition			
TITLE NAME STREET ADDRESS CITY-ST-ZIP	DP BEYLARD, SAMUEL L. 157 TEQUESTA STREET TAVERNIER, FLORIDA 33070-2139	<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.					
SIGNATURE: X <i>Samuel L. Beylard</i>		2-2-04 305-815-9733 <small>Date Daytime Phone #</small>			