


2005 FOR PROFIT CORPORATION ANNUAL REPORT

FILED
Mar 07, 2005 08:00 AM
Secretary of State

DOCUMENT # F9400002009 1. Entity Name BEASLEY FM ACQUISITION CORP.	
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Principal Place of Business SUITE 200 3033 RIVIERA DRIVE NAPLES, FL 34103	Mailing Address SUITE 200 3033 RIVIERA DRIVE NAPLES, FL 34103
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DO NOT WRITE IN THIS SPACE



02252005 No Chg-P CR2E034 (10/03)

4. FEI Number 56-1641900	Applied For <input type="checkbox"/> Not Applicable
5. Certificate of Status Desired <input type="checkbox"/> \$8.75 Additional Fee Required	

6. Name and Address of Current Registered Agent THE PRENTICE-HALL CORPORATION SYSTEM, INC. SUITE 105 1201 HAYS STREET TALLAHASSEE, FL 32301	DO NOT WRITE IN THIS SPACE
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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.

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

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	1000000254530 03/07/05-80079-004 150.00
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10. OFFICERS AND DIRECTORS	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	PD BEASLEY, BRUCE 3033 RIVIERA DR., #200 NAPLES, FL
TITLE NAME STREET ADDRESS CITY-ST-ZIP	DV BEASLEY, SHIRLEY 3033 RIVIERA DRIVE, SUITE 200 NAPLES, FL 33940
TITLE NAME STREET ADDRESS CITY-ST-ZIP	SD BEASLEY, CAROLINE 3033 RIVIERA DRIVE, SUITE 200 NAPLES, FL 33940
TITLE NAME STREET ADDRESS CITY-ST-ZIP	GEOT BEASLEY, GEORGE G 3033 RIVIERA DRIVE, SUITE 200 NAPLES, FL 33940
TITLE NAME STREET ADDRESS CITY-ST-ZIP	VPD BEASLEY, BRIAN 3033 RIVIERA DR. #200 NAPLES, FL
TITLE NAME STREET ADDRESS 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 exemption stated in Section 119.07(3)(f), 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: 	3/3/05	(239) 263-5000
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR	Date	Daytime Phone #