

2006 FOR PROFIT CORPORATION ANNUAL REPORT (AR)

FILED
Feb 22, 2006 8:00 am
Secretary of State

02-22-2006 90015 018 ***150.00

DOCUMENT # F94000005126

1. Entity Name

J.M. BEALS ENTERPRISES, INC.



Principal Place of Business

5901 N. CICERO AV
SUITE 502
CHICAGO IL 60646
US

Mailing Address

BEALS BONITA BUILDING
4061 BONITA BEACH RD., SUITE 201
BONITA SPRINGS FL 34134
US



2. Principal Place of Business

8604 W. Catalpa Ave

3. Mailing Address

Suite, Apt. #, etc.

Suite 907

Suite, Apt. #, etc.

City & State

Chicago, IL

City & State

Zip

Country

60656-1694

Zip

Country

4. FEI Number

36-2593104

Applied For

Not Applicable

5. Certificate of Status Desired

☐ \$8.75 Additional
Fee Required

6. Name and Address of Current Registered Agent

GREGORY, C. NEIL ESQ.
850 PARK SHORE DRIVE
TRIANON CENTRE, THIRD FLOOR
NAPLES FL 34103

7. Name and Address of New Registered Agent

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.

SIGNATURE

Signature, typed or printed name of registered agent and title if applicable.

(NOTE: Registered Agent signature required when reinstating)

DATE

2/2/06

FILE NOW!!! FEE IS \$150.00

After May 1, 2006 Fee Will Be \$550.00

Make Check Payable to Florida Department of State

9. Election Campaign Financing
Trust Fund Contribution. ☐

\$5.00 May Be
Added to Fees

10. OFFICERS AND DIRECTORS

TITLE CP ☐ Delete
NAME BEALS, JAMES M
STREET ADDRESS 8606 WEST ROUTE 176
CITY-ST-ZIP CRYSTAL LAKE IL 60014

TITLE DST ☐ Delete
NAME BEALS, PEARL J
STREET ADDRESS 8606 WEST ROUTE 176
CITY-ST-ZIP CRYSTAL LAKE, IL 60014

TITLE ☐ Delete
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ Delete
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ Delete
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ Delete
NAME
STREET ADDRESS
CITY-ST-ZIP

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE ☐ Change ☐ Addition
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ Change ☐ Addition
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ Change ☐ Addition
NAME
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NAME
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CITY-ST-ZIP

12. I hereby certify that the information supplied with this filing does not qualify for the exemptions contained in Section 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.

SIGNATURE: ✓

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

2-8-06

9478989