

# 2004 FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# G47850

Entity Name: BEA'S INTERIORS, INC.

FILED  
Apr 09, 2004  
Secretary of State

## Current Principal Place of Business:

3384 HWY 98 WEST  
HWY 98/P O BOX 1245  
SANTA ROSA BCH, FL 32459 US

## Current Mailing Address:

% BEATRICE F REYNOLDS  
HWY 98/P O BOX 1245  
SANTA ROSA BCH, FL 32459

## New Principal Place of Business:

3788 WEST COUNTY HIGHWAY 30-A  
P O BOX 1245  
SANTA ROSA BEACH, FL 32459 US

## New Mailing Address:

% BEATRICE F REYNOLDS  
P O BOX 1245  
SANTA ROSA BEACH, FL 32459 12

FEI Number: 59-2322852

FEI Number Applied For ( )

FEI Number Not Applicable ( )

Certificate of Status Desired ( )

## Name and Address of Current Registered Agent:

REYNOLDS, BEATRICE F  
HIGHWAY 98/P O BOX 1245  
SANTA ROSA BCH, FL 32459 US

## Name and Address of New Registered Agent:

REYNOLDS, BEATRICE F  
P O BOX 1245  
SANTA ROSA BEACH, FL 32459 US

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.

SIGNATURE: BEATRICE F REYNOLDS

04/09/2004

Electronic Signature of Registered Agent

Date

Election Campaign Financing Trust Fund Contribution ( ).

## OFFICERS AND DIRECTORS:

Title: PVS ( ) Delete  
Name: REYNOLDS, BEATRICE F,  
Address: 429 CALHOUN AVE  
City-St-Zip: DESTIN, FL

Title: T ( ) Delete  
Name: REYNOLDS, STEVEN A  
Address: 504 THIRD AVE  
City-St-Zip: DESTIN, FL 32541

## ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

Title: ( ) Change ( ) Addition  
Name:  
Address:  
City-St-Zip:

Title: ( ) Change ( ) Addition  
Name:  
Address:  
City-St-Zip:

I hereby certify that the information supplied with this filing does not qualify for the 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 electronic 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 above, or on an attachment with an address, with all other like empowered.

SIGNATURE: STEVEN A REYNOLDS

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04/09/2004

Electronic Signature of Signing Officer or Director

Date