

2004 FOR PROFIT CORPORATION ANNUAL REPORT (AR)

FILED
Apr 21, 2004 8:00 am
Secretary of State

04-21-2004 90059 002 ***150.00

DOCUMENT # G75375

1. Entity Name

E. L. & R. G. BECKNER, INC.



Principal Place of Business

9000 OAK ST NE
ST PETERSBURG FL 33702

Mailing Address

3589 SE CR 255
LEE FL 32059

2. Principal Place of Business

3589 SE CR 255

Suite, Apt. #, etc.

3. Mailing Address

Suite, Apt. #, etc.

City & State
Lee, FL

City & State

Zip
32059

Country
Madison

Zip

Country

4. FEI Number
59-2352679

Applied For
Not Applicable

5. Certificate of Status Desired ☐ \$8.75 Additional Fee Required



MOORE CR2E034 (11/03)

6. Name and Address of Current Registered Agent

JOHNSON, ROYCE
4714 MELROSE AVENUE
TAMPA FL 33629

7. Name and Address of New Registered Agent

Name
Clevenger & Associates, P.A.
Street Address (P.O. Box Number is Not Acceptable)
3621 5th Avenue North
City St. Petersburg, FL Zip Code 33713

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

4/19/04

FILE NOW!!! FEE IS \$150.00
After May 1, 2004 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 DP ☐ Delete
NAME BECKNER, R. G.
STREET ADDRESS 3589 SE CR 255
CITY-ST-ZIP LEE FL 32059

TITLE DS ☒ Delete
NAME BECKNER, DOROTHY L
STREET ADDRESS 9000 OAK ST NE
CITY-ST-ZIP ST. PETERSBURG FL

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

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: SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

3/15/04 850.971-5757
Date Daytime Phone #