

2005 FOR PROFIT CORPORATION ANNUAL REPORT

FILED
Jan 25, 2005 8:00 am
Secretary of State

01-25-2005 90058 045 ***150.00

DOCUMENT # H09962 1. Entity Name BEARD/BACK CONSTRUCTION, INC.					
Principal Place of Business 2140 W. KING STREET COCOA, FL 32926			Mailing Address 5245 LK. POINSETT RD COCOA, FL 32926 US		
2. Principal Place of Business Suite, Apt. #, etc.			3. Mailing Address Suite, Apt. #, etc.		
City & State			City & State		
Zip		Country		4. FEI Number 59-2423443	
5. Certificate of Status Desired ☐				Applied For Not Applicable	
6. Name and Address of Current Registered Agent BEARD, SHERRY 5245 LAKE POINSETT RD. COCOA, FL 32926				7. Name and Address of New Registered Agent Name Street Address (P.O. Box Number is Not Acceptable) City	
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.				FL Zip Code	
SIGNATURE _____ Signature, typed or printed name of registered agent and title if applicable (NOTE: Registered Agent signature required when retaining)					
FILE NOW!!! FEE IS \$150.00 After May 1, 2005 Fee will be \$550.00		9. Election Campaign Financing Trust Fund Contribution. ☐		\$5.00 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	P BEARD, SHERRY 5070 LAKE POINSETT RD COCOA, FL 32926	☐ Delete	TITLE NAME STREET ADDRESS CITY- ST- ZIP	P SHERRY BEARD 5245 LAKE POINSETT ROAD COCOA, FL 32926	☒ Change ☐ Addition
TITLE NAME STREET ADDRESS CITY- ST- ZIP	ST BACK, VERNON 5070 LAKE POINSETT RD COCOA, FL 32926	☐ Delete	TITLE NAME STREET ADDRESS CITY- ST- ZIP	ST VERN BACK 5245 LAKE POINSETT RD COCOA, FL 32926	☒ Change ☐ Addition
TITLE NAME STREET ADDRESS CITY- ST- ZIP	☐ Delete	☐ Change ☐ Addition	TITLE NAME STREET ADDRESS CITY- ST- ZIP	☐ Change ☐ Addition	☐ Change ☐ Addition
TITLE NAME STREET ADDRESS CITY- ST- ZIP	☐ Delete	☐ Change ☐ Addition	TITLE NAME STREET ADDRESS CITY- ST- ZIP	☐ Change ☐ Addition	☐ Change ☐ Addition
TITLE NAME STREET ADDRESS CITY- ST- ZIP	☐ Delete	☐ Change ☐ Addition	TITLE NAME STREET ADDRESS CITY- ST- ZIP	☐ Change ☐ Addition	☐ Change ☐ Addition
12. I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Section 119.07(3)(g), 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: <i>Sherry Beard</i> SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR			SHERRY BEARD PRESIDENT 1/18/05 321-633-8216 Date Daytime Phone #		

50006405



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