


**2006 FOR PROFIT CORPORATION
ANNUAL REPORT**

FILED
Jan 18, 2006 08:00 AM
Secretary of State

DOCUMENT # H35320 1. Entity Name BEAUCHAMP HARDWARE AND SUPPLY, INC.	
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Principal Place of Business 8031 HWY 90 P.O. DRAWER 869 SNEADS, FL 32460 US	Mailing Address P.O. DRAWER 869 P.O. DRAWER 869 SNEADS, FL 32460 US
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01102006 No Chg-P CR2E034 (11/05)

DO NOT WRITE IN THIS SPACE

4. FEI Number 59-2497062	Applied For <input type="checkbox"/> Not Applicable
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5. Certificate of Status Desired <input type="checkbox"/>	\$8.75 Additional Fee Required
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6. Name and Address of Current Registered Agent

BEAUCHAMP, EUSTIS W.
7912 BEAUCHAMP LANE
SNEADS, FL 32460

**DO NOT WRITE
IN THIS SPACE**

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 _____

FILE NOW!!! FEE IS \$150.00
After May 1, 2006 Fee will be \$550.00

9. Election Campaign Financing
Trust Fund Contribution. ☐ **\$5.00** May Be
Added to Fees

1100000390771
01/24/06-80010-021 150.00

10. OFFICERS AND DIRECTORS

TITLE NAME STREET ADDRESS CITY-ST-ZIP	DP BEAUCHAMP, EUSTIS W. 7912 BEAUCHAMP LANE SNEADS, FL
TITLE NAME STREET ADDRESS CITY-ST-ZIP	SD BEAUCHAMP, PATRICIA A. 7912 BEAUCHAMP LANE SNEADS, FL
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**DO NOT WRITE
IN THIS SPACE**

12. I hereby certify that the information supplied with this filing does not qualify for the exemptions contained in Chapter 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: Eustis W. Beauchamp, President
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR
Eustis W. Beauchamp

1/16/06 888/933-6576
Date Daytime Phone #