## 2006 FOR PROFIT CORPORATION ANNUAL REPORT

SIGNATURE:

## FILED Jun 15, 2006 08:00 AN Secretary of State

ANNUAL KEPUKI					Juli 13, 2000 00:0	
DOCUMENT # J20393					Secretary of Sta	
1. Entity Name					·	
JOHN R.	BEACH & ASSOCIATES, INC	·		<b></b>		
Principal Place	o of Business	Mailing Address	2-1K		1 1 appendix to the minimal state of the contract of the contr	
•	ERSBURG DRIVE	911 ST. PETERSBURG DRIVE W	iest ·			
	L 34677 US	OLDSMAR, FL 34677- US			v a summa 'm	
					A MARK BATAR (IMB IAKRA MILI BIRI BIRI BARI BARI BARI BIRI BIRI BIR	
_	O NOT WRITE	IN THIS SDA	^E	05262006 No Chg-P CR2E034 (11/05)		
DO NOT WRITE IN THIS SPACE			59-2682895 Not Applicable			
6. Name and Address of Current Registered Agent						
BEACH, JOHN R.				DΩ	NOT WRITE	
12502 TWIN BRANCH ACRES ROAD						
TAMPA, FL 33626			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.  U00000557236						
SIGNATURE Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating)  DATE  OCCUPATION OF THE PROJECT OF T						
FILE NOW!!! FEE IS \$150.00  Due by September 6, 2006  9. Election Campaign Financing Trust Fund Contribution.  Adde				.00 May Be led to Fees In accordance with s. 607.193(2)(b), F.S., the corporation did not receive the prior notice.		
10.	OFFICERS AND D	RECTORS	1.			
TITLE NAME	PDST BEACH, JOHN R.					
STREET ADDRESS					,	
CITY+ST+ZIP	TAMPA, FL 33626		<u>.</u>			
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STREET ADDRESS CITY-ST-ZIP		•	1		• •	
TITLE			- "	_	4+	
NAME -						
STREET ADDRESS	,		,			
CITY-ST-ZIP	cartify that the information supplied with t	nis filling does not qualify for the ex	emptions contained	d in Chenter 11	9 Florida Statutes. I further certify that the information	
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.						