


**2005 FOR PROFIT CORPORATION ANNUAL REPORT**

**FILED**  
**May 04, 2005 8:00 am**  
**Secretary of State**

05-04-2005 90120 044 \*\*\*150.00

DOCUMENT # L18375					
1. Entity Name WILLIAM G. BEIER, CPA, P.A.					
Principal Place of Business 227 SOUTH ORLANDO AVENUE SUITE B-2 WINTER PARK, FL 32789			Mailing Address 227 SOUTH ORLANDO AVENUE SUITE B-2 WINTER PARK, FL 32789		
2. Principal Place of Business 2957 WEST STATE ROAD 434		3. Mailing Address 2957 WEST STATE ROAD 434			
Suite, Apt. #, etc. SUITE 300		Suite, Apt. #, etc. SUITE 300			
City & State LONGWOOD, FL		City & State LONGWOOD, FL		4. FEI Number 59-2974476	
Zip 32779		Country USA		5. Certificate of Status Desired <input type="checkbox"/> \$8.75 Additional Fee Required	
6. Name and Address of Current Registered Agent		7. Name and Address of New Registered Agent			
BEIER, WILLIAM G. 227 SOUTH ORLANDO AVENUE WINTER PARK, FL 32789		Name WILLIAM G. BEIER			
		Street Address (P.O. Box Number is Not Acceptable) 2957 WEST STATE ROAD 434, SUITE 300			
		City LONGWOOD		FL	
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 <i>William G. Beier</i> WILLIAM G. BEIER				DATE 4/30/05	
FILE NOW!!! FEE IS \$150.00 After May 1, 2005 Fee will be \$550.00		9. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/> \$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	PD BEIER, WILLIAM G. 227 S. ORLANDO AVE. WINTER PARK, FL 32789	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	2957 WEST STATE ROAD 434, SUITE 300 LONGWOOD, FL 32779	
TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP		
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TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Delete	TITLE NAME 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: <i>William G. Beier</i> WILLIAM G. BEIER				DATE 4/30/05 407-628-0007	
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR				Date Daytime Phone #	