

2005 FOR PROFIT CORPORATION ANNUAL REPORT

FILED
Jul 15, 2005 8:00 am
Secretary of State

07-15-2005 90019 050 ***150.00

DOCUMENT # L62556

1. Entity Name
BEIL AND HAY, P.A.



Principal Place of Business
**12312 U.S. HWY. 19, NORTH
HUDSON, FL 34667 US**

Mailing Address
**12312 U.S. HWY. 19, NORTH
HUDSON, FL 34667 US**

20064051



2. Principal Place of Business
12300 U.S. HWY 19 N.
Suite, Apt. #, etc.

3. Mailing Address
12300 U.S. HWY 19 N
Suite, Apt. #, etc.

07122005 Chg-P CR2E034 (10/03)

City & State
HUDSON, FL
Zip **34667** Country **US**

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HUDSON, FL
Zip **34667** Country **US**

4. FEI Number
59-3049365
Applied For
Not Applicable

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

6. Name and Address of Current Registered Agent

**BEIL, EUGENE L.
12312 U.S. HWY 19, NORTH
HUDSON, FL 34667**

7. Name and Address of New Registered Agent

Name
Street Address (P.O. Box Number is Not Acceptable)
12300 U.S. HWY. 19 N.
City **HUDSON** **FL** Zip Code **34667**

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 **Eugene L. Beil**
Signature, typed or printed name of registered agent and title if applicable.

7/12/05
DATE

(NOTE: Registered Agent signature required when reinstating)

**FILE NOW!!! FEE IS \$150.00
Due by September 7, 2005**

9. Election Campaign Financing
Trust Fund Contribution. ☐

**\$5.00 May Be
Added to Fees**

In accordance with s. 607.193(2)(b), F.S., the
corporation did not receive the prior notice.

10. OFFICERS AND DIRECTORS

TITLE NAME STREET ADDRESS CITY-ST-ZIP	V EUGENE L. BEIL 12312 U.S. HWY 19 N HUDSON, FL	<input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	P CEDRIC HAY 12312 U.S. HWY 19 N HUDSON, FL	<input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	ST BEIL, MARGARET E 12312 U.S. HIGHWAY 19 N HUDSON, FL 34667	<input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Delete

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE NAME STREET ADDRESS CITY-ST-ZIP	12300 U.S. HWY. 19 N. HUDSON, FL 34667	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	12300 U.S. HWY. 19 N HUDSON, FL 34667	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	12300 U.S. HWY. 19 N. HUDSON, FL 34667	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
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TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Change <input type="checkbox"/> Addition

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

CEDRIC P. HAY, PRESIDENT

7/12/05

Date

Daytime Phone #

**(727)
868-2306**