

**2008 FOR PROFIT CORPORATION
ANNUAL REPORT**

FILED
Mar 03, 2008 08:00 A
Secretary of State

DOCUMENT # M28251

1. Entity Name
BEAUCHAMP & CO., INC.



Principal Place of Business
**1500 E. LAS OLAS BLVD.
FT. LAUDERDALE, FL 33301 US**

Mailing Address
**1500 E. LAS OLAS BLVD.
FT. LAUDERDALE, FL 33301 US**



01092008 No Chg-P CR2E034 (11/05)

4. FEI Number
59-2643747

Applied For
Not Applicable

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

DO NOT WRITE IN THIS SPACE

6. Name and Address of Current Registered Agent

**BEAUCHAMP, JOHN L
1500 EAST LAS OLAS BLVD., SUITE 201
FT. LAUDERDALE, FL 33301**

**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, 2008 Fee will be \$550.00**

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

10. OFFICERS AND DIRECTORS

TITLE	DPV
NAME	BEAUCHAMP, JOHN L.
STREET ADDRESS	1500 E LAS OLAS BLVD
CITY-ST-ZIP	FT. LAUDERDALE, FL 33301
TITLE	DST
NAME	BEAUCHAMP, ELIZABETH T.
STREET ADDRESS	1500 E LAS OLAS BLVD
CITY-ST-ZIP	FT. LAUDERDALE, FL 33301
TITLE	DVP
NAME	BEAUCHAMP, RICHARD A
STREET ADDRESS	1500 E LAS OLAS BLVD
CITY-ST-ZIP	FT. LAUDERDALE, FL 33301
TITLE	
NAME	
STREET ADDRESS	
CITY-ST-ZIP	
TITLE	
NAME	
STREET ADDRESS	
CITY-ST-ZIP	

U000000845200
03/13/08-80028-023: 150.00

**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

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

2/28/08

Date

954-462-0900

Daytime Phone