


**2006 FOR PROFIT CORPORATION
ANNUAL REPORT**

FILED
Jan 26, 2006 08:00 AM
Secretary of State

DOCUMENT # M92875 1. Entity Name BEVERLY GRANT & ASSOCIATES, INC.	
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Principal Place of Business C/O BEVERLY C GUILD 2520 COZUMEL DRIVE TAMPA, FL 33618	Mailing Address C/O BEVERLY C GUILD 2520 COZUMEL DRIVE TAMPA, FL 33618
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01232006 No Chg-P CR2E034 (11/05)

DO NOT WRITE IN THIS SPACE

4. FEI Number 59-2907416	Applied For <input type="checkbox"/> Not Applicable
5. Certificate of Status Desired <input type="checkbox"/>	\$8.75 Additional Fee Required

6. Name and Address of Current Registered Agent GUILD, BEVERLY C. 2520 COZUMEL DR TAMPA, FL 33618

**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 _____ (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

000000402425
02/03/06-80008-003 150.00

10. OFFICERS AND DIRECTORS	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D GUILD, BEVERLY C. 2520 COZUMEL DR TAMPA, FL
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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: Beverly C. Guild Beverly C. Guild 1/24/06 813-960-2399
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #