


2006 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

FILED
Feb 23, 2006 08:00 AM
Secretary of State

DOCUMENT # N98000006374

1. Entity Name
BEELINE INDUSTRIAL PARK OWNER'S ASSOCIATION, INC.



Principal Place of Business
**1215 SPRUCE AVE.
 ORLANDO, FL 32824**

Mailing Address
**1215 SPRUCE AVE.
 ORLANDO, FL 32824**

DO NOT WRITE IN THIS SPACE



02212006 No Chg-NP CR2E037 (11/05)

4. FEI Number
59-3560992

Applied For
 Not Applicable

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

6. Name and Address of Current Registered Agent

**DUANE, CLARKSON
 6220 S. ORANGE BLOSSOM TR
 SUITE 100
 ORLANDO, FL 32809**

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 *Duane Clarkson* **Duane Clarkson** 2-21-06

Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating) DATE

**Filing Fee is \$61.25
 Due by May 1, 2006**

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

10. OFFICERS AND DIRECTORS

TITLE NAME STREET ADDRESS CITY-ST-ZIP	PD DUANE, CLARKSON 6220 S. ORANGE BLOSSOM TR STE 100 ORLANDO, FL 32809
TITLE NAME STREET ADDRESS CITY-ST-ZIP	VD BARBARA, KENNEY 1217 SPRUCE AVE ORLANDO, FL 32824
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D MARVIN, SWEERS 1239 SPRUCE AVE ORLANDO, FL 32824
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D MAZEN, BRIMO 1265 SPRUCE AVE ORLANDO, FL 32824
TITLE NAME STREET ADDRESS CITY-ST-ZIP	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	

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 03/07/06-80018-018 61.25

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 617, 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: *Duane Clarkson* **Duane Clarkson** 2-21-06 407 888-6984

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #