
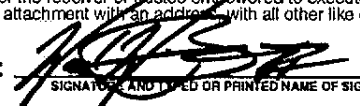


**2005 NOT-FOR-PROFIT CORPORATION  
ANNUAL REPORT**

**FILED**  
**Mar 16, 2005 08:00 AM**  
**Secretary of State**

|  |   |  |
|--|---|--|
| <b>DOCUMENT # N98000006619</b>   |   |   |
| 1. Entity Name<br><b>BEAUCHAMP TOWER CORPORATION</b>   |   |  |
| Principal Place of Business<br><b>5578 ROUND PEN LANE<br/>MILTON, FL 32570</b>   |   | Mailing Address<br><b>P.O. BOX 3470<br/>MILTON, FL 32572 US</b>  |
| <b>DO NOT WRITE IN THIS SPACE</b>  |   |  |
| 6. Name and Address of Current Registered Agent<br><br><b>BREWER, WARD W II<br/>6223 HWY 90 SUITE 182<br/>MILTON, FL 32570</b>   |   | <b>DO NOT WRITE<br/>IN THIS SPACE</b>  |
| 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 _____<br><small>Signature, typed or printed name of registered agent and title if applicable (NOTE: Registered Agent signature required when reinstating) DATE</small>   |   |  |
| <b>Filing Fee is \$61.25<br/>Due by May 1, 2005</b>  |   | 9. Election Campaign Financing<br>Trust Fund Contribution. <input type="checkbox"/> <b>\$5.00 May Be<br/>Added to Fees</b> |
| 10. OFFICERS AND DIRECTORS   |   |  |
| TITLE<br>NAME<br>STREET ADDRESS<br>CITY-ST-ZIP   | PD<br>GULLEY, JACQUELINE M<br>5550 ROUND PEN LANE<br>MILTON, FL 32570 |  |
| TITLE<br>NAME<br>STREET ADDRESS<br>CITY-ST-ZIP   | TD<br>BREWER, WARD W II<br>6223 HWY 90, STE. 182<br>MILTON, FL 32570  |  |
| TITLE<br>NAME<br>STREET ADDRESS<br>CITY-ST-ZIP   | SD<br>ELLER, JONATHAN D<br>2702 CROMWELL ROAD<br>GREENSBORO, NC 27407 |  |
| TITLE<br>NAME<br>STREET ADDRESS<br>CITY-ST-ZIP   |   |  |
| TITLE<br>NAME<br>STREET ADDRESS<br>CITY-ST-ZIP   |   |  |
| TITLE<br>NAME<br>STREET ADDRESS<br>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 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:  <b>WARD W. BREWER II TD 3-13-05 850-450-2290</b><br><small>SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #</small>  |   |  |



03132005 No Chg-NP CR2E037 (10/03)

|                                    |  |
|------------------------------------|--|
| 4. FEI Number<br><b>59-3550236</b> | Applied For<br><input type="checkbox"/> Not Applicable<br><input type="checkbox"/> |
|------------------------------------|--|

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

U00000265631  
03/16/05-80067-011 70.00

**DO NOT WRITE  
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