

# 2005 FOR PROFIT CORPORATION ANNUAL REPORT

**FILED**  
**May 04, 2005 08:00 AM**  
**Secretary of State**

**DOCUMENT # P00000036470**

1. Entity Name  
**BEYOND 20/20, INC.**



Principal Place of Business  
**2889 TENTH AVENUE NORTH, #306  
LAKE WORTH, FL 33461**

Mailing Address  
**2889 TENTH AVENUE NORTH, #306  
LAKE WORTH, FL 33461**



01212005 No Chg-P CR2E034 (10/03)

**DO NOT WRITE IN THIS SPACE**

4. FEI Number  
**65-1001317**

Applied For  
Not Applicable

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

6. Name and Address of Current Registered Agent

**COFFMAN, TOM  
2889 TENTH AVENUE NORTH, #306  
LAKE WORTH, FL 33461**

**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, 2005 Fee will be \$550.00**

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

10. OFFICERS AND DIRECTORS

TITLE	PD
NAME	COFFMAN, TOM M.M.D.
STREET ADDRESS	2889 TENTH AVENUE NORTH, #306
CITY-STATE-ZIP	LAKE WORTH, FL 33461
TITLE	SD
NAME	COFFMAN, MADONNA
STREET ADDRESS	2889 TENTH AVENUE NORTH, #306
CITY-STATE-ZIP	LAKE WORTH, FL 33461
TITLE	
NAME	
STREET ADDRESS	
CITY-STATE-ZIP	
TITLE	
NAME	
STREET ADDRESS	
CITY-STATE-ZIP	
TITLE	
NAME	
STREET ADDRESS	
CITY-STATE-ZIP	

UN00000361668  
05/05/05-80086-011 150.00

**DO NOT WRITE  
IN THIS SPACE**

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)

4/28/05 561-227-3101  
Date Daytime Phone #