

**2005 FOR PROFIT CORPORATION  
ANNUAL REPORT**

**FILED**  
**Apr 21, 2005 08:00 AM**  
**Secretary of State**

**DOCUMENT # P01000041242**

1. Entity Name  
**BEAL PARTNERS, INC.**



Principal Place of Business  
**10221 W EMERALD COAST PKWY STE 26  
MIRAMAR BEACH, FL 32550**

Mailing Address  
**10221 W EMERALD COAST PKWY STE 26  
MIRAMAR BEACH, FL 32550**



04202005 No Chg-P CR2E034 (10/03)

**DO NOT WRITE IN THIS SPACE**

4. FEI Number  
**59-3713952**

Applied For
Not Applicable

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

**6. Name and Address of Current Registered Agent**

**WALLACE, W. WADE  
10221 W EMERALD COAST PKWY STE 26  
MIRAMAR BEACH, FL 32550**

**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**

**U000000322010  
04/21/05-80103-008 150.00**

**10. OFFICERS AND DIRECTORS**

TITLE	PD
NAME	WALLACE, W. WADE
STREET ADDRESS	10221 W EMERALD COAST PKWY STE 26
CITY-ST-ZIP	MIRAMAR BEACH, FL 32550

TITLE	SD
NAME	LITTLE, GARY C
STREET ADDRESS	303 WILLOW DR
CITY-ST-ZIP	ANDALUSIA, AL 36420

TITLE	
NAME	
STREET ADDRESS	
CITY-ST-ZIP	

TITLE	
NAME	
STREET ADDRESS	
CITY-ST-ZIP	

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NAME	
STREET ADDRESS	
CITY-ST-ZIP	

TITLE	
NAME	
STREET ADDRESS	
CITY-ST-ZIP	

**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 19.07(3)(l), 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:** W. Wade Wallace **W. Wade Wallace**

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

**4/20/05**

Date

**(850)837-0155**

Daytime Phone #