

**2006 FOR PROFIT CORPORATION  
ANNUAL REPORT**

**FILED**  
**Apr 13, 2006 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**



**DO NOT WRITE IN THIS SPACE**

04102006 No Chg-P CR2E034 (11/05)

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 re-registering)

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

**000000507040  
04/27/06-80047-023 150.00**

**10. OFFICERS AND DIRECTORS**

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

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

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

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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:** W. Wade Wallace **W. Wade Wallace**

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

**4/11/06 (850)837-0155**

Date

Daytime Phone #