## 2004 FOR PROFIT CORPORATION ANNUAL REPORT (AR)

## Apr 12, 2004 8:00 am Secretary of State DOCUMENT # P01000059473 1. Entity Name 04-12-2004 90286 046 \*\*\*150.00 GEORGE BECK, INC. Principal Place of Business Mailing Address 1271. SE.7TH AVENUE POMPANO BEACH FL 33060 1271 SE 7TH AVENUE: POMPANO BEACH FL 33060 2. Principal Place of Business 3. Mailing Address Suite: Apt: #, etc:-Suite, Apt.#. etc. MOORE\_\_\_\_CR2E034\_(11/03) City & State City & State 4. FEI Number Applied For 65-1113162 Not Applicable Zip Country \$8.75 Additional Country 5. Certificate of Status Desired Fee Required 6. Name and Address of Current Registered Agent 7. Name and Address of New Registered Agent -Name--BECK, GEORGE 1271 SE 7TH AVENUE Street Address (P.O. Box Number is Not Acceptable) POMPANO BEACH FL 33060 Zip Code 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 acceptthe obligations of registered agent. SIGNATURE Signature, typed or printed name of registered agent and title if applicable. DATE (NOTE: Registered Agent signature required when reinstating) FILE NOW!!! FEE IS \$150.00 9. Election Campaign Financing \$5.00 May Be After May 1, 2004 Fee will be \$550.00 Trust Fund Contribution. Added to Fees Make Check Payable to Florida Department of State OFFICERS AND DIRECTORS ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11 10. v 11. D TITLE ☐ Delete TITLE ☐ Change ☐ Addition NAME BECK, GEORGE NAME 1271 SE 7TH AVENUE STREET ADDRESS STREET ADDRESS CITY-ST-ZIP POMPANO BEACH FL 33060 CITY-ST-ZIP TITLE ☐ Delete TITLE ☐ Change ☐ Addition NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP TITLE Delete ☐ Change TITLE ☐ Addition NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP ☐ Delete Change ☐ Addition TITLE NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP TITLE Delete TITLE ☐ Change ☐ Addition NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP TITLE ☐ Change Delete TITLE Addition NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-7IP CITY-ST-ZIP

2. 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** 

ATTING THE OF PRINTED NAME OF SIGNING OFFICER OF DIRECTO

04/08/04

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FILED