

# 2005 FOR PROFIT CORPORATION ANNUAL REPORT (AR)

**FILED**  
**May 05, 2005 8:00 am**  
**Secretary of State**

05-05-2005 90109 007 \*\*\*150.00

DOCUMENT # P01000062034

1. Entity Name

THE BEAVER CORPORATION



Principal Place of Business

2602 KESWICK CT.  
KISSIMMEE FL 34744

Mailing Address

2602 KESWICK CT.  
KISSIMMEE FL 34744

00049394

2. Principal Place of Business

367 JAYCEE AVE  
Suite, Apt. #, etc.

3. Mailing Address

367 JAYCEE AVE  
Suite, Apt. #, etc.



1st MOORE

CR2E034 (10/04)

City & State

DAVENPORT-FLORIDA

City & State

DAVENPORT-FLORIDA

4. FEI Number

59-3735433

Applied For

Not Applicable

Zip

33897

Country

USA

Zip

Country

5. Certificate of Status Desired ☐

\$8.75 Additional  
Fee Required

6. Name and Address of Current Registered Agent

WAMSLEY, JOHN W  
2602 KESWICK CT  
KISSIMMEE FL 34744

7. Name and Address of New Registered Agent

Name WAMSLEY, JOHN W

Street Address (P.O. Box Number is Not Acceptable)

367 JAYCEE AVE

City

DAVENPORT

FL

Zip Code

33897

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 date if applicable

(NOTE: Registered Agent signature required when reinstating)

4/16/05  
DATE

**FILE NOW!!! FEE IS \$150.00**

**After May 1, 2005 Fee Will Be \$550.00**

**Make Check Payable to Florida Department of State**

9. Election Campaign Financing  
Trust Fund Contribution. ☐

**\$5.00 May Be  
Added to Fees**

10. OFFICERS AND DIRECTORS

TITLE DL ☐ Delete  
NAME WARMSLEY, JOHN WILLIAM  
STREET ADDRESS 2602 KESWICK CT.  
CITY-ST-ZIP KISSIMMEE FL 34744

TITLE DL ☐ Delete  
NAME WARMSLEY, PATRICIA ANN  
STREET ADDRESS 2602 KESWICK CT.  
CITY-ST-ZIP KISSIMMEE FL 34744

TITLE ☐ Delete  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

TITLE ☐ Delete  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

TITLE ☐ Delete  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

TITLE ☐ Delete  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE ☐ Change ☐ Addition  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

TITLE ☐ Change ☐ Addition  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

TITLE ☐ Change ☐ Addition  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

TITLE ☐ Change ☐ Addition  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

TITLE ☐ Change ☐ Addition  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

TITLE ☐ Change ☐ Addition  
NAME  
STREET ADDRESS  
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 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

Date

Daytime Phone #