



# 2006 FOR PROFIT CORPORATION ANNUAL REPORT

**FILED**  
**Apr 13, 2006 8:00 am**  
**Secretary of State**

04-13-2006 90284 003 \*\*\*150.00

|  |  |   |   |   |  |
|--|--|---|---|---|--|
| <b>DOCUMENT # P01000081769</b><br>1. Entity Name<br><b>BESWICK &amp; BESWICK CORP.</b>   |  |   |   |                |  |
| Principal Place of Business<br><b>412 E BELVEDERE ST<br/>LAKELAND, FL 33803</b>  |  |   | Mailing Address<br><b>412 E BELVEDERE ST<br/>LAKELAND, FL 33803</b>   |   |  |
| 2. Principal Place of Business<br><b>2688 BELLERIVE DR</b><br>Suite, Apt. #, etc.  |  | 3. Mailing Address<br><b>P.O. Box 2718</b><br>Suite, Apt. #, etc.   |   |               |  |
| City & State<br><b>LAKE LAND, FL</b>   |  | City & State<br><b>LAKE LAND, FL</b>  |   | 4. FEI Number<br><b>59-3742233</b>  |  |
| Zip<br><b>33803</b>  |  | Country<br><b>USA</b>   |   | 5. Certificate of Status Desired <input type="checkbox"/> <b>\$8.75 Additional Fee Required</b> |  |
| 6. Name and Address of Current Registered Agent<br><br><b>BESWICK, ROBERT K<br/>412 E BELVEDERE ST<br/>LAKELAND, FL 33803</b>  |  | 7. Name and Address of New Registered Agent<br>Name <b>BESWICK, ROBERT K</b><br>Street Address (P.O. Box Number is Not Acceptable)<br><b>2688 BELLERIVE DR</b><br>City <b>LAKE LAND</b> <b>FL</b> Zip Code <b>33803</b> |   |   |  |
| 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.<br>SIGNATURE <u><i>Robert K. Beswick</i></u> DATE <u><b>4-10-06</b></u><br><small>Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating)</small>   |  |   |   |   |  |
| <b>FILE NOW!!! FEE IS \$150.00<br/>After May 1, 2006 Fee will be \$550.00</b>  |  | 9. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/> <b>\$5.00 May Be Added to Fees</b>   |   |   |  |
| 10. OFFICERS AND DIRECTORS   |  |   | 11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11                 |   |  |
| TITLE<br>NAME<br>STREET ADDRESS<br>CITY-ST-ZIP   | P<br><b>BESWICK, ROBERT K<br/>412 E. BELVEDERE ST<br/>LAKELAND, FL 33803</b> | <input checked="" type="checkbox"/> Delete  | TITLE<br>NAME<br>STREET ADDRESS<br>CITY-ST-ZIP                        | P<br><b>BESWICK, ROBERT K<br/>2688 BELLERIVE DR<br/>LAKE LAND, FL. 33803</b>                    | <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition |
| TITLE<br>NAME<br>STREET ADDRESS<br>CITY-ST-ZIP   | V<br><b>BESWICK, BRYAN<br/>2912 S.E. HIGHWAY 31<br/>ARCADIA, FL 34266</b>    | <input type="checkbox"/> Delete   | TITLE<br>NAME<br>STREET ADDRESS<br>CITY-ST-ZIP                        | <input type="checkbox"/> Change <input type="checkbox"/> Addition                               |  |
| TITLE<br>NAME<br>STREET ADDRESS<br>CITY-ST-ZIP   | <input type="checkbox"/> Delete  |   | TITLE<br>NAME<br>STREET ADDRESS<br>CITY-ST-ZIP                        | <input type="checkbox"/> Change <input type="checkbox"/> Addition                               |  |
| TITLE<br>NAME<br>STREET ADDRESS<br>CITY-ST-ZIP   | <input type="checkbox"/> Delete  |   | TITLE<br>NAME<br>STREET ADDRESS<br>CITY-ST-ZIP                        | <input type="checkbox"/> Change <input type="checkbox"/> Addition                               |  |
| TITLE<br>NAME<br>STREET ADDRESS<br>CITY-ST-ZIP   | <input type="checkbox"/> Delete  |   | TITLE<br>NAME<br>STREET ADDRESS<br>CITY-ST-ZIP                        | <input type="checkbox"/> Change <input type="checkbox"/> Addition                               |  |
| 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: <u><i>Robert K. Beswick</i></u><br><small>SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR</small>  |  |   | Date <u><b>4-10-06</b></u> Daytime Phone # <u><b>863-682-7303</b></u> |   |  |