


2004 FOR PROFIT CORPORATION ANNUAL REPORT

9/14/2004-90002-031-\$150.00-\$150.00


DOCUMENT # P01000100469
 1. Entity Name
BEAULAHAND, INC.



Principal Place of Business Mailing Address
 1110 HUSS ROAD 1110 HUSS ROAD
 WAUCHULA, FL 33873 WAUCHULA, FL 33873

DO NOT WRITE IN THIS SPACE

FILED
 04 SEP 30 PM 1:23
 SECRETARY OF STATE
 TALLAHASSEE, FLORIDA



09102004 No Chg-P CR2E034 (10/03)

4. FEI Number Applied For
 65-0849016 Not Applicable

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

6. Name and Address of Current Registered Agent
 ROUSE, JAMES M
 1110 HUSS ROAD
 WAUCHULA, FL 33873

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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: James M. Rouse James M. Rouse 9/11/04
Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reappointing) DATE

FILE NOW!! FEE IS \$150.00
Due by September 8, 2004

9. Election Campaign Financing Trust Fund Contribution. \$5.00 May Be Added to Fees In accordance with s. 607.193(2)(b), F.S., the corporation did not receive the prior notice.

10. OFFICERS AND DIRECTORS

TITLE NAME STREET ADDRESS CITY-ST-ZIP	PD ROUSE, PATRICIA 1110 HUSS ROAD WAUCHULA, FL 33873
TITLE NAME STREET ADDRESS CITY-ST-ZIP	VD ROUSE, JAMES M 1110 HUSS ROAD WAUCHULA, FL 33873
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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12. I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Section 119.07(3)(f), 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: James M. Rouse 9/26/04
SIGNATURE AND TYPED OR PRINTED NAME OF BOARD OFFICER OR DIRECTOR Date Daytime Phone #