## 2004 FOR PROFIT CORPORATION ANNUAL REPORT

FILED Mar 29, 2004 08:00 AM Secretary of State

| AIMORE ILLI OILI  |   |  |
|---|---|--|
| DOCUMENT # P01000106292  1. Entity Name BEAM RENOVATIONS,CO. INC.             |   |  |
| Principal Place of Business<br>10683 BLOSSOM LAKE DRIVE<br>SEMINOLE, FL 33772 | Mailing Address<br>10683 BLOSSOM LAKE DRIVE<br>SEMINOLE, FL 33772 |  |



CR2E034 (10/03)

No Chg-P

03082004

DO NOT WRITE IN THIS SPACE Applied For 4. FEI Number 59-3756072 Not Applicable \$8.75 Additional 5. Certificate of Status Desired Fee Required 5. Name and Address of Current Registered Agent DO NOT WRITE PATRICK, MICHAEL R 10683 BLOSSOM LAKE DRIVE SEMINOLE, FL 33772 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, typed or printed name of registered agent and title if applicable (NOTE Registered Agent signature required when reinstating) 9. Election Campaign Financing \$5.00 May Be FILE NOWI!! FEE IS \$150.00 After May 1, 2004 Fee will be \$550.00 Added to Fees Trust Fund Contribution. 000000097617 OFFICERS AND DIRECTORS 10. TITLE NAME BEAM, DANIEL 912 1 AVE NW STREET ADDRESS CITY - ST- ZIP LARGO, FL 33770 PATRICK, MICHAEL NAME STREET ADDRESS 10683 BLOSSOM LK DR SEMINOLE, FL 33772 CITY - ST - ZIP TITLE NAME STREET ADDRESS DO NOT WRITE CITY-ST-ZIP IN THIS SPACE NAME STREET ADDRESS CITY-ST-ZIP TITLE NAME STREET ADDRESS CITY-ST-ZIP TITLE NAME

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 the 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 either like empowered.

SIGNATURE: SIGNATURE AND TYPED ON PRINTED HAME OF BIGNING OFFICE

STREET ADDRESS

3/25/04/ 727-393-5513