


2006 FOR PROFIT CORPORATION ANNUAL REPORT

FILED
Apr 05, 2006 8:00 am
Secretary of State

04-05-2006 90156 008 ***150.00

DOCUMENT # P02000004749

1. Entity Name
BEACON TRANSPORTATION, INC.



Principal Place of Business Mailing Address

5922 GOLDEN EAGLE CIR. 5922 GOLDEN EAGLE CIR.
 PALM BCH GARDENS, FL 33418 PALM BCH GARDENS, FL 33418

*2604 Wabash Dr
 N.P.B., FL 33410*

50009269



03072006 No Chg-P CR2E034 (11/05)

DO NOT WRITE IN THIS SPACE

4. FEI Number Applied For

01-0566598 Not Applicable

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

6. Name and Address of Current Registered Agent

BLACK, CHRISTINE
 5922 GOLDEN EAGLE CIR.
 PALM BCH GARDENS, FL 33418

*2604 Wabash Dr
 N.P.B. FL 33410*

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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: *Christine Black* DATE: *3/31/06*

Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating)

FILE NOW!!! FEE IS \$150.00
After May 1, 2006 Fee will be \$550.00

9. Election Campaign Financing **\$5.00 May Be Added to Fees**

Trust Fund Contribution.

10. OFFICERS AND DIRECTORS

TITLE	D
NAME	BLACK, CHRISTINE
STREET ADDRESS	5922 GOLDEN EAGLE CIR.
CITY-ST-ZIP	PALM BCH GARDENS, FL 33418
TITLE	
NAME	
STREET ADDRESS	
CITY-ST-ZIP	
TITLE	
NAME	
STREET ADDRESS	
CITY-ST-ZIP	
TITLE	
NAME	
STREET ADDRESS	
CITY-ST-ZIP	
TITLE	
NAME	
STREET ADDRESS	
CITY-ST-ZIP	

DO NOT WRITE IN THIS SPACE

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: *Christine Black* DATE: *3/31/06* DAYTIME PHONE #: *561-625-6740*

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR