


2005 FOR PROFIT CORPORATION ANNUAL REPORT

FILED
Feb 10, 2005 8:00 am
Secretary of State

02-10-2005 90041 002 ***150.00

DOCUMENT # P02000012292		
1. Entity Name CHARLES BEEMAN CONSTRUCTION, INC.		

Principal Place of Business 40 MILLIKEN LANE ST. AUGUSTINE, FL 32080	Mailing Address 40 MILLIKEN LANE ST. AUGUSTINE, FL 32080
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40015949

2. Principal Place of Business 6525 Old A1A Suite, Apt. #, etc.	3. Mailing Address 6525 Old A1A Suite, Apt. #, etc.
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01192005 Chg-P CR2E034 (10/03)

City & State Palm Coast, FL	City & State Palm Coast, FL	4. FEI Number 04-3613781	Applied For Not Applicable
Zip 32137	Country Flagler	Zip 32137	Country Flagler

6. Name and Address of Current Registered Agent BEEMAN, CHARLES A 40 MILLIKEN LANE ST. AUGUSTINE, FL 32080		7. Name and Address of New Registered Agent Name Street Address (P.O. Box Number is Not Acceptable) City FL Zip Code	
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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 _____
Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating) DATE _____

FILE NOW!!! FEE IS \$150.00 After May 1, 2005 Fee will be \$550.00	9. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/> \$5.00 May Be Added to Fees
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10. OFFICERS AND DIRECTORS		11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	P BEEMAN, CHARLES A 40 MILLIKEN LN. SAINT AUGUSTINE, FL 32080 <input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition 6525 Old A1A Palm Coast, FL 32137
TITLE NAME STREET ADDRESS CITY-ST-ZIP	S BEEMAN, DIANE S 40 MILLIKEN LN. SAINT AUGUSTINE, FL 32080 <input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition 6525 Old A1A Palm Coast, FL 32137
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TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS 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 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: Charles A. Beeman Charles A. Beeman Feb. 6 05 386-446-9756
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #