

**2006 FOR PROFIT CORPORATION  
ANNUAL REPORT**

DOCUMENT # P02000013709

1. Entity Name  
BEACON MOVERS, INC.



**FILED  
May 04, 2006 08:00 AM  
Secretary of State**

Principal Place of Business  
5834 W. PINE CIRCLE  
CRYSTAL RIVER, FL 34429

Mailing Address  
5834 W. PINE CIRCLE  
CRYSTAL RIVER, FL 34429



**DO NOT WRITE IN THIS SPACE**

02062006 No Chg-P CR2E034 (11/05)

4. FEI Number  
03-0381236  Applied For  
 Not Applicable

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

6. Name and Address of Current Registered Agent

PIERSON, RANDALL W  
5834 W. PINE CIRCLE  
CRYSTAL RIVER, FL 34429

**DO NOT WRITE  
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

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, 2006 Fee will be \$550.00**

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

000000561535  
05/19/06-80017-016 150.00

**DO NOT WRITE  
IN THIS SPACE**

10. OFFICERS AND DIRECTORS	
TITLE	P
NAME	PIERSON, RANDALL W
STREET ADDRESS	5834 W. PINE CIRCLE
CITY-ST-ZIP	CRYSTAL RIVER, FL 34429
TITLE	VP
NAME	FAIN, CURTIS
STREET ADDRESS	6369 W. ORANGE LANE
CITY-ST-ZIP	CRYSTAL RIVER, FL 34429
TITLE	ST
NAME	PIERSON, DONNA
STREET ADDRESS	5834 W. PINE CIRCLE
CITY-ST-ZIP	CRYSTAL RIVER, FL 34429
TITLE	
NAME	
STREET ADDRESS	
CITY-ST-ZIP	
TITLE	
NAME	
STREET ADDRESS	
CITY-ST-ZIP	
TITLE	
NAME	
STREET ADDRESS	
CITY-ST-ZIP	

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:** *Randall W. Pierson* **Randall W. Pierson** 4/28/06 352-795-7103

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #