## 2008 FOR PROFIT CORPORATION ANNUAL REPORT

## Apr 01, 2008 08:00 AN Secretary of State **DOCUMENT # P02000013709** 1. Entity Name BEACON MOVERS, INC. Mailing Address Principal Place of Business 5834 W. PINE CIRCLE 5834 W. PINE CIRCLE CRYSTAL RIVER, FL 34429 CRYSTAL RIVER, FL 34429 CR2E034 (11/05) No Chg-P 03172008 DO NOT WRITE IN THIS SPACE Applied For 4. FEI Number Not Applicable 03-0381236 \$8.75 Additional 5. Certificate of Status Desired Fee Required 6. Name and Address of Current Registered Agent PIERSON, RANDALL W DO NOT WRITE 5834 W. PINE CIRCLE CRYSTAL RIVER, FL 34429 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. DATE Signature, typed or printed name of registered agent and trile if applicable. (NOTE: Registered Agent signature required when reinstating) 9. Election Campaign Financing \$5.00 May Be FILE NOW!!! FEE 18 \$150.00 Trust Fund Contribution. Added to Fees After May 1, 2008 Fee will be \$550.00 10. OFFICERS AND DIRECTORS TITLE PIERSON, RANDALL W NAME STREET ADORESS 5834 W. PINE CIRCLE Unnon0876793 CRYSTAL RIVER, FL 34429 CITY-ST-ZIP n4/11/08-80088-010 150.00 TITLE VΡ **FAIN, CURTIS** NAME STREET ADDRESS 6369 W. ORANGE LANE CITY-ST-ZIP CRYSTAL RIVER, FL 34429 TITLE PIERSON, DONNA NAME 5834 W. PINE CIRCLE STREET ADDRESS DO NOT WRITE CITY-ST-78P CRYSTAL RIVER, FL 34429 IN THIS SPACE TITLE NAME STREET ADDRESS CITY-ST-ZIP TITLE NAME STREET ADDRESS CITY-ST-ZIP MILE NAME STREET ADDRESS

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 suppliemental 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 charged, or on an attachment with an address, with all other like approvered.

SIGNATURE:

CITY-ST-ZIP

GNATURE AND TYPED OR PRINTED NAME OF BIGMING OFFICER OR DIRECTOR

3/17/08 3527957/0

**FILED**