


2005 FOR PROFIT CORPORATION ANNUAL REPORT

FILED
Mar 18, 2005 8:00 am
Secretary of State

03-18-2005 90067 004 ***150.00

DOCUMENT # P02000017500	
1. Entity Name GLENDA L. BEACH MS, LMFT, P.A.	

Principal Place of Business 3347 MARION DR. PALM HARBOR, FL 34684	Mailing Address 3347 MARION DR. PALM HARBOR, FL 34684
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20022722



2. Principal Place of Business 331 Bay Arbor Blvd Suite, Apt. #, etc.	3. Mailing Address 331 Bay Arbor Blvd. Suite, Apt. #, etc.
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03142005 Chg-P CR2E034 (10/03)

City & State Oldsmar, FL	City & State Oldsmar, FL
Zip 34677	Zip 34677
Country USA	Country USA

4. FEI Number 80-0036265	Applied For <input type="checkbox"/> Not Applicable
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5. Certificate of Status Desired <input type="checkbox"/>	\$8.75 Additional Fee Required
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6. Name and Address of Current Registered Agent BEACH, GLENDA L 3347 MARION DR. PALM HARBOR, FL 34684	
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7. Name and Address of New Registered Agent Name Street Address (P.O. Box Number is Not Acceptable) 331 Bay Arbor Blvd City Oldsmar, FL Zip Code 34677	
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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 Glenda Beach (NOTE: Registered Agent signature required when reinstating) DATE 3/14/05

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	D BEACH, GLENDA L 3347 MARION DR. PALM HARBOR, FL 34684 <input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	331 Bay Arbor Blvd Oldsmar, FL 34677 <input checked="" 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
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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

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: Glenda Beach 3/14/05 727-787-0646
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #