


2006 FOR PROFIT CORPORATION ANNUAL REPORT

FILED
Feb 03, 2006 8:00 am
Secretary of State

02-03-2006 90005 037 ***150.00

DOCUMENT # P02000028691	
1. Entity Name BETH CALLANS MAINTENANCE CORPORATION	

Principal Place of Business 595 BAY ISLES ROAD SUITE 201 LONGBOAT KEY, FL 34228	Mailing Address 595 BAY ISLES ROAD SUITE 201 LONGBOAT KEY, FL 34228
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60011238



2. Principal Place of Business 595 Bay Isles Rd.	3. Mailing Address 595 Bay Isles Road
Suite, Apt. #, etc. Suite 200	Suite, Apt. #, etc. Suite 200

01102006 Chg-P CR2E034 (11/05)

City & State Longboat Key, FL	City & State Longboat Key, FL
Zip 34228	Zip 34228
Country USA	Country USA

4. FEI Number 01-0679899	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 CALLANS, BETH 595 BAY ISLES ROAD SUITE 201 LONGBOAT KEY, FL 34228	
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7. Name and Address of New Registered Agent	
Name Callans, Beth	
Street Address (P.O. Box Number is Not Acceptable) 595 Bay Isles Road	
Suite Suite 200	
City Longboat Key	FL Zip Code 34228

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 *Beth Callans* DATE **1/31/06**
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 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 CALLANS, BETH 595 BAY ISLES ROAD #201 LONGBOAT KEY, FL 34228 <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
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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 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: *Beth Callans* **1/31/06** **(941) 387-3443**
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #