


**2008 FOR PROFIT CORPORATION  
ANNUAL REPORT**

**FILED**  
**Feb 11, 2008 8:00 am**  
**Secretary of State**

02-11-2008 90039 014 \*\*\*150.00

<b>DOCUMENT # P02000043916</b>		
1. Entity Name JOHN C. BEALE BUILDERS, INC.		
Principal Place of Business 16933 WEST GLASGOW DRIVE LOXAHATCHEE, FL 33470		Mailing Address 16933 WEST GLASGOW DRIVE LOXAHATCHEE, FL 33470
<b>DO NOT WRITE IN THIS SPACE</b>		
6. Name and Address of Current Registered Agent  BEALE SR., JOHN C PRES. 16933 WEST GLASGOW DRIVE LOXAHATCHEE, FL 33470		<b>DO NOT WRITE IN THIS SPACE</b>
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 _____ <small>Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating)</small> DATE _____		
<b>FILE NOW!!! FEE IS \$150.00 After May 1, 2008 Fee will be \$550.00</b>		9. Election Campaign Financing Trust Fund Contribution: <input type="checkbox"/> <b>\$5.00</b> May Be Added to Fees
10. OFFICERS AND DIRECTORS		
TITLE NAME STREET ADDRESS CITY-ST-ZIP	PSD BEALE, JOHN C SR. 16933 WEST GLASGOW DRIVE LOXAHATCHEE, FL 33470	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	VPD BEALE, JOHN C SR. 16933 WEST GLASGOW DRIVE LOXAHATCHEE, FL 33470	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	TRES MAGEE, GAIL P 16933 W GLASGOW DR LOXAHATCHEE, FL 33470	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	SEC BEALE, DANIEL R 16933 WEST GLASGOW DRIVE LOXAHATCHEE, FL 33470	
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: <u>John C Beale</u> <small>SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR</small>		02-08-08 561-798-6448 <small>Date Daytime Phone #</small>