

**2005 FOR PROFIT CORPORATION  
ANNUAL REPORT**

**FILED**  
**Jul 11, 2005 8:00 am**  
**Secretary of State**

07-11-2005 90195 011 \*\*\*550.00

**DOCUMENT # P02000088821**

1. Entity Name  
**BEEPERS N PHONES OF SANFORD, INC.**



Principal Place of Business  
**3350 EAST BAY DRIVE  
LARGO, FL 33771**

Mailing Address  
**3350 EAST BAY DRIVE  
LARGO, FL 33771**

14018675



06302005 No Chg-P CR2E034 (10/03)

**DO NOT WRITE IN THIS SPACE**

4. FEI Number <b>56-2286870</b>	Applied For <input type="checkbox"/> Not Applicable
5. Certificate of Status Desired <input type="checkbox"/> <b>\$8.75 Additional Fee Required</b>	

**6. Name and Address of Current Registered Agent**

**POWNALL, RON  
3350 EAST BAY DRIVE  
LARGO, FL 33771**

**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 \$550.00  
Due by September 7, 2005**

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

**10. OFFICERS AND DIRECTORS**

TITLE NAME STREET ADDRESS CITY-ST-ZIP	D POWNALL, RON 3350 EAST BAY DRIVE LARGO, FL 33771
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D POWNALL, DAVID 3350 EAST BAY DRIVE LARGO, FL 33771
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TITLE NAME STREET ADDRESS CITY-ST-ZIP	

**DO NOT WRITE  
IN THIS SPACE**

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:** \_\_\_\_\_  
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

7-6-05

Date

727-5351dddp

Daytime Phone #