


2005 FOR PROFIT CORPORATION ANNUAL REPORT

FILED
Mar 07, 2005 08:00 AM
Secretary of State

DOCUMENT # P02000101081		
1. Entity Name BEEPERS N PHONES OF ORLANDO, INC.		
Principal Place of Business 3350 E BAY DR LARGO, FL 33771	Mailing Address 3350 E BAY DR LARGO, FL 33771	



DO NOT WRITE IN THIS SPACE

02022005 No Chg-P CR2E034 (10/03)

4. FEI Number 22-3871886	Applied For <input type="checkbox"/> Not Applicable
5. Certificate of Status Desired <input type="checkbox"/> \$8.75 Additional Fee Required	

6. Name and Address of Current Registered Agent

**POWNALL, RON
3350 E BAY DR
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

Ron Pownall *D* *02/02/05*

**FILE NOW!!! FEE IS \$150.00
After May 1, 2005 Fee will be \$550.00**

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 E BAY DR LARGO, FL 33771
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D BAKER, SHERIFF 3350 E BAY DR LARGO, FL 33771
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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

Ronald Pownall *2/2/05* *727-535-6666*

Date

Daytime Phone #