


2004 FOR PROFIT CORPORATION ANNUAL REPORT (AR)

FILED
Apr 19, 2004 8:00 am
Secretary of State

04-19-2004 90352 028 ***150.00

DOCUMENT # P03000009705

1. Entity Name
LARRY BEASLEY ENTERPRISES INC



Principal Place of Business
**2213 SE HADDON STREET
 PORT ST LUCIE FL 34984**

Mailing Address
**2213 SE HADDON STREET
 PORT ST LUCIE FL 34984**

2. Principal Place of Business
 Suite, Apt. #, etc.

3. Mailing Address
6624 Trout River Blvd
 Suite, Apt. #, etc.

City & State
JAX FLA


City & State
JAX FLA

Zip
32219

Country
USA

Zip
32219

Country
USA



MOORE CR2E034 (11/03)

6. Name and Address of Current Registered Agent
**BEASLEY, LARRY E
 2213 SE HADDON STREET
 PORT ST LUCIE FL 34984**

4. FEI Number
54-2074489

Applied For
 Not Applicable

5. Certificate of Status Desired **\$8.75** Additional Fee Required

7. Name and Address of New Registered Agent
 Name **LARRY E BEASLEY**
 Street Address (P.O. Box Number is Not Acceptable)
6624 Trout River Blvd
 City **JAX** State **FL** Zip Code **32219**

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 *Larry E Beasley* DATE **3-10-04**

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, 2004 Fee will be \$550.00
Make Check Payable to Florida Department of State

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

10. OFFICERS AND DIRECTORS		11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11	
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P LARRY BEASLEY
 6624 TROUT RIVER BLVD
 JACKSONVILLE, FL 32219

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: *Larry E Beasley* **LARRY E BEASLEY** DATE **3-10-04**

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #