

2006 FOR PROFIT CORPORATION ANNUAL REPORT (AR)

FILED
May 08, 2006 8:00 am
Secretary of State

05-08-2006 90283 039 ***150.00

DOCUMENT # P03000023507

1. Entity Name

J. BEAVERS, INC.



Principal Place of Business

1121 OCOEE APOPKA RD
APOPKA FL 32703

Mailing Address

P.O. BOX 309
OCOEE FL 34761

2. Principal Place of Business

3. Mailing Address

PO Box 1207

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State
APOPKA, FL

Zip

Country

Zip

Country

32704

USA

4. FEI Number

61-1444364

Applied For

Not Applicable

5. Certificate of Status Desired ☐

\$8.75 Additional
Fee Required

6. Name and Address of Current Registered Agent

7. Name and Address of New Registered Agent

BEAVERS, JOHN P
1430 COLUSO DR
WINTER GARDEN FL 34787

PO Box 1207

APOPKA, FL

32704

Name

Street Address (P.O. Box Number is Not Acceptable)

City

FL

Zip Code

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 \$150.00

After May 1, 2006 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

TITLE P
NAME BEAVERS, JOHN P
STREET ADDRESS 1430 COLUSO DR
CITY-ST-ZIP WINTER GARDEN FL 34787 APOPKA, FL 32704

TITLE S
NAME BEAVERS, LILLIAN F
STREET ADDRESS 1430 COLUSO DR
CITY-ST-ZIP WINTER GARDEN FL 34787 APOPKA, FL 32704

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP

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 Section 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 an other like empowered.

SIGNATURE:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

John P. Beavers JOHN P. BEAVERS 4-28-06 407-84-8000