

# 2004 FOR PROFIT CORPORATION ANNUAL REPORT

**FILED**  
**May 03, 2004 8:00 am**  
**Secretary of State**

05-03-2004 91006 035 \*\*\*150.00

**DOCUMENT # P03000032187**

1. Entity Name  
**BEACON, INC.**



Principal Place of Business

12358 US HWY. 19  
HUDSON, FL 34667

Mailing Address

12358 US HWY. 19  
HUDSON, FL 34667

21001363

2. Principal Place of Business

13804 MALCOLM AVE

3. Mailing Address

13804 MALCOLM AVE

Suite, Apt. #, etc.

Suite, Apt. #, etc.

04132004

Chg-P

CR2E034 (10/03)



City & State

HUDSON, FLORIDA

City & State

HUDSON, FLORIDA

4. FEI Number

56-233-4627

Applied For

Not Applicable

Zip

34667

Country

PASCO

Zip

34667

Country

PASCO

5. Certificate of Status Desired ☐

**\$8.75** Additional  
Fee Required

6. Name and Address of Current Registered Agent

STAFFORD, LAURIE M  
13804 MALCOLM AVE.  
HUDSON, FL 34667

7. Name and Address of New Registered Agent

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 restate)

DATE

**FILE NOW!!! FEE IS \$150.00**  
**After May 1, 2004 Fee will be \$550.00**

9. Election Campaign Financing  
Trust Fund Contribution. ☐

**\$5.00** May Be  
Added to Fees

10. OFFICERS AND DIRECTORS

TITLE	PTVS	<input type="checkbox"/> Delete
NAME	STAFFORD, LAURIE M	
STREET ADDRESS	13804 MALCOLM AVE.	
CITY-ST-ZIP	HUDSON, FL 34667	
TITLE	D	<input type="checkbox"/> Delete
NAME	STAFFORD, LAURIE M	
STREET ADDRESS	13804 MALCOLM AVE.	
CITY-ST-ZIP	HUDSON, FL 34667	
TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	
STREET ADDRESS	
CITY-ST-ZIP	
TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	
STREET ADDRESS	
CITY-ST-ZIP	
TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
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NAME	
STREET ADDRESS	
CITY-ST-ZIP	
TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	
STREET ADDRESS	
CITY-ST-ZIP	

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:** Laure M. STAFFORD

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

4-28-04 (727) 697-0665

Date

Daytime Phone #