

# 2007 FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# P03000044545

FILED  
Jan 04, 2007  
Secretary of State

Entity Name: BEACON-NATIONAL INSURANCE ASSOCIATES, INC.

**Current Principal Place of Business:**

1259 BENEVA ROAD, S  
SARASOTA, FL 34232

**New Principal Place of Business:**

**Current Mailing Address:**

PO BOX 2662  
SARASOTA, FL 34230

**New Mailing Address:**

FEI Number: 13-4271269      FEI Number Applied For ( )      FEI Number Not Applicable ( )      Certificate of Status Desired ( )

**Name and Address of Current Registered Agent:**

DANSON, THOMAS E JR  
1259 BENEVA ROAD, S  
SARASOTA, FL 34232      US

**Name and Address of New Registered Agent:**

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.

SIGNATURE: \_\_\_\_\_

Electronic Signature of Registered Agent

\_\_\_\_\_ Date

Election Campaign Financing Trust Fund Contribution ( ).

**OFFICERS AND DIRECTORS:**

Title: CEOD ( ) Delete  
Name: DANSON, THOMAS E JR.  
Address: 96 TALL TREES CT  
City-St-Zip: SARASOTA, FL 34232 US

Title: VPS ( ) Delete  
Name: BOGUSZ, ANNETTE MS  
Address: 6835 PINDO BLVD  
City-St-Zip: SARASOTA, FL 34241 US

Title: SVPD (X) Delete  
Name: HARDING, BARRIE MR  
Address: 1259 BENEVA ROAD, S  
City-St-Zip: SARASOTA, FL 34232 US

Title: VPD ( ) Delete  
Name: BOGUSZ, TED G MR  
Address: 6835 PINDO BLVD  
City-St-Zip: SARASOTA, FL 34241 US

**ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:**

Title: ( ) Change ( ) Addition  
Name:  
Address:  
City-St-Zip:

Title: ( ) Change ( ) Addition  
Name:  
Address:  
City-St-Zip:

Title: ( ) Change ( ) Addition  
Name:  
Address:  
City-St-Zip:

Title: ( ) Change ( ) Addition  
Name:  
Address:  
City-St-Zip:

I hereby certify that the information supplied with this filing does not qualify for the for the exemption stated in Chapter 119, Florida Statutes. I further certify that the information indicated on this report or supplemental report is true and accurate and that my electronic 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 above, or on an attachment with an address, with all other like empowered.

SIGNATURE: THOMAS E. DANSON, JR

CEOD

01/04/2007

Electronic Signature of Signing Officer or Director

\_\_\_\_\_ Date