

2012 FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# P03000044545

FILED
Jan 05, 2012
Secretary of State

Entity Name: BEACON-NATIONAL INSURANCE ASSOCIATES, INC.

Current Principal Place of Business:

715 N. WASHINGTON BLVD,
SUITE C
SARASOTA, FL 34236

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 (X)

Name and Address of Current Registered Agent:

DANSON, THOMAS E JR
96 TALL TREES COURT
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

OFFICERS AND DIRECTORS:

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

Title: VPTD
Name: CUNNINGHAM, JOHN B
Address: 5119 REDBRIAR CT.
City-St-Zip: SARASOTA, FL 34238 US

Title: VPSD
Name: MCMANUS, ROBERT
Address: 1771 RINGLING BLVD, UNIT 1109
City-St-Zip: SARASOTA, FL 34236 US

Title: D
Name: NEFF, RAY
Address: 7217 PASADENA GLEN
City-St-Zip: BRADENTON, FL 34202 US

I hereby 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 all other like empowered.

SIGNATURE: THOMAS E. DANSON, JR.

PRES

01/05/2012

_____ Electronic Signature of Signing Officer or Director

_____ Date