2004 FOR PROFIT CORPORATION ANNUAL REPORT (AR)

Feb 25, 2004 8:00 am **DOCUMENT # P03000052817 Secretary of State** 1. Entity Name 02-25-2004 90015 013 ***150.00 BEULAH PROPERTIES, INC. Mailing Address Principal Place of Business 520 BEULAH RD WINTER GARDEN FL 34787 520 BEULAH RD WINTER GARDEN FL 34787 3. Mailing Address に入り Beulah 2. Principal Place of Business \$20 Beu CR2E034 (11/03) Suite, Apt. #, etc. Suite, Apt. #, etc. Garden)inter Applied For 4. FEI Number ity & State 066 Not Applicable かれやり \$8.75 Additional 5. Certificate of Status Desired oransa Fee Required orange 7. Name and Address of New Registered Agent 6. Name and Address of Current Registered Agent orman BECK, CHARLES E. H. 4265 CENTRAL AVE ST PETERSBURG FL 33713 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. 2/16/04 (NOTE: Registered Agent signature required when reinstating) FILE NOW!!! FEE IS \$150.00 9. Election Campaign Financing \$5.00 May Be After May 1, 2004 Fee will be \$550.00 Trust Fund Contribution. Added to Fees Make Check Payable to Florida Department of State ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11 OFFICERS AND DIRECTORS Change Addition 10. DB Delete TITLE TITLE NAME DORMAN, ALLEEN B NAME STREET ADDRESS 520 BEULAH RD STREET ADDRESS **SY787** CITY-ST-ZIP WINTER GARDEN FL 34787 CITY-ST-ZIP ☐ Delete TITLE TITLE NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP ☐ Change ☐ Addition ☐ Delete TITLE TITLE NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP ☐ Addition ☐ Change ☐ Delete TITLE TITLE NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP ☐ Addition Change TITLE ☐ Delete TITLE NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP ☐ Change Addition ☐ Delete TITLE NAME NAME STREET ADDRESS 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. COY-ST-ZIP

FILED

SIGNATURE:

SIGNATURE:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Date