2006 FOR PROFIT CORPORATION ANNUAL REPORT

FILED Jun 20, 2006 8:00 am Secretary of State

DOCUMENT # P03000052894 1. Entity Name JEFF BEGGINS, P.A.						05-03-2006 90236 011 ***150.00				
Principal Place of Business 622 - 182ND AVENUE REDINGTON SHORES, FL 33708 US			Malling Address 622 - 182ND AVENUE REDINGTON SHORES, FL 33708 US			6602000 1				
2. Principal Place of Business			3. Malling Address							
Suite, Apt. #, etc.			Suite, Apt. #, etc.		05012008	Chg-P		034 (11/05))	
City & State			City & State		4. FEI Numb		2779	R N	opplied For lot Applicable	
Zip	Country		Zip Count		ntry		of Status Desired		\$8.75 Ad Fee Requir	
	6. Name and	Registered Agent	Name	7. Name and Address of New Registered Agent						
BEGGINS, JEFF 622 - 182ND AVENUE					Street Address (P.O. Box Number is Not Acceptable)					
REDINGTON SHORES, FL 33708								·		
					City			FL	Zip Coo	de
			or the purpose of changing its	s ragister	ed office or registe	ered agent, or bo	oth, in the State of Flor		lamillar with	and accept
the obligations of registered agent.										
SIGNATURE Signature, typed or printed name of registrated againt and tide it applicable. (INDTE: Registred Againt signature required when remaining) DATE										
FILE NOWIII FEE 18 \$150.00 After May 1, 2006 Fee will be \$550.00 9. Election Campaign Financing \$5.00 May Be Trust Fund Contribution. Added to Fees										
10.		OFFICERS AND		11.		ADDITIONS	CHANGES TO OFFI	CERS AND	DIRECTOR	1S IN 11
ITTLE	P BEGGINS, JEF	C Delets	E E				Change	Addition		
STREET ADDRESS CHY-ST-ZIP	622 - 182ND A		∩e		EET ADDRESS '-SI-ZIP					
INE			Ociese	Tritu					☐ Change	Addition
NAME				ŧ						
STREET ADDRESS CITY-ST-ZIP				EET ADDRESS ST-29*						
TITLE		Deleta	TITE		- · -			Change	Addition	
HAME				NAM	-					
STREET ADDRESS CITY-ST-ZIP	†				EET ADDRESS 1-ST-ZIP					
TITLE	-		☐ Delete	TITLE					Change_	Addition
NAME STREET ADDRESS				HAM	NE EET AOORESS					
CITY-ST-ZIP	<u> </u>				-SI-ZIP					
TITLE			☐ Oelete	IML	- I				☐ Change	Addition
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CITY-ST-ZIP	<u></u>				-ST-ZIP					
TITLE			☐ Delete	TITL	1	— –			Change	☐ Addition
STREET ADDRESS				STRE	EET ACORESS					
CITY-ST-ZIP	<u> </u>				1-ST-ZIP					
12. I hereby certify that the information supplied with this filling does not qualify for the exemptions contained 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 signature shall have the same legal effect as if made under oath; that I am an officer or director of the corporation or the receiving or trustee into execute part 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 addless, with all other like ampowered.										
SIGNATURE: Date OF PRINTED HAME OF SECURING OFFICER OR DIRECTOR Date OF Director Proces 9										