

2004 FOR PROFIT CORPORATION ANNUAL REPORT

FILED
Sep 27, 2004 8:00 am
Secretary of State

9/9/04

09-09-2004 90014 038 ***558.75

66434101



08052004 Chg-P CR2E034 (10/03)

4. FEI Number **11-3707251** Applied For
Not Applicable

5. Certificate of Status Desired ☒ **\$8.75** Additional
Fee Required

6. Name and Address of Current Registered Agent

7. Name and Address of New Registered Agent

BEECHAM, BASIL
5512 PALM LAKE CIR
ORLANDO, FL 32819

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 _____ (NOTE: Registered Agent signature required when reinstating) DATE _____

FILE NOW!!! FEE IS \$550.00
Due by September 8, 2004

9. Election Campaign Financing
Trust Fund Contribution. ☐ **\$5.00** May Be
Added to Fees

10. OFFICERS AND DIRECTORS

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

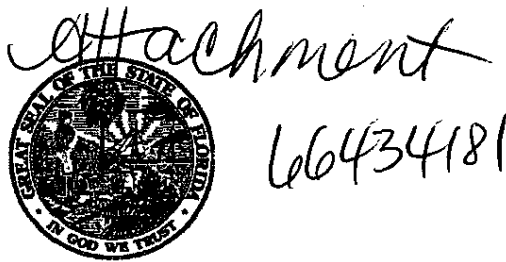
| | | |
|----------------|------------------------------|---------------------------------|
| TITLE | D | <input type="checkbox"/> Delete |
| NAME | BEECHAM, BASIL | |
| STREET ADDRESS | 5512 PALM LAKE CIR | |
| CITY-ST-ZIP | ORLANDO, FL 32819 | |
| TITLE | D/V | <input type="checkbox"/> Delete |
| NAME | MUBAR S. SALIBA | |
| STREET ADDRESS | 10642 SATINWOOD CIR. | |
| CITY-ST-ZIP | ORLANDO, FL 32825 | |
| TITLE | D/S/T | <input type="checkbox"/> Delete |
| NAME | MICHAEL J. HYNSON | |
| STREET ADDRESS | 1854 EVERHART DR. | |
| CITY-ST-ZIP | ORLANDO, FL 32806 | |
| TITLE | D/V | <input type="checkbox"/> Delete |
| NAME | LOREN HOWARD, II | |
| STREET ADDRESS | 1615 NORTH PENINSULA AVE | |
| CITY-ST-ZIP | VEN SYMBA BAY, FL 32169 | |
| TITLE | D | <input type="checkbox"/> Delete |
| NAME | JOSEPH PILZ | |
| STREET ADDRESS | 1101 STEBLES AVE W 82811 | |
| CITY-ST-ZIP | TORONTO, ONT. M2R 3W5 CANADA | |
| TITLE | | <input type="checkbox"/> Delete |
| NAME | | |
| STREET ADDRESS | | |
| CITY-ST-ZIP | | |

| | | |
|----------------|--------------------|--|
| TITLE | D/P/C | <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition |
| NAME | BEECHAM, BASIL | |
| STREET ADDRESS | 5512 PALM LAKE CIR | |
| CITY-ST-ZIP | ORLANDO, FL 32819 | |
| 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 |
| 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: BASIL J. BEECHAM **SEPT 1, 04** **407 355-0950**

Signature and typed or printed name of signing officer or director Date Daytime Phone #



FLORIDA DEPARTMENT OF STATE
Glenda E. Hood
Secretary of State

September 10, 2004

DUNGBEETLE, INC.
5512 PALM LAKE CIR
ORLANDO, FL 32819

Subject: DUNGBEETLE, INC.

Reference Number: P03000093598

Please be advised, we have received your annual report/uniform business report and your check(s) totaling \$558.75; however, the report **has not been filed** and a copy is being returned for the following correction(s):

Please complete Block 4 by entering your Federal Employer Identification (FEI) number or by checking the appropriate box. If "APPLIED FOR" is preprinted in Block 4, you MUST now provide the FEI number. A Social Security number is not considered to be the same as the FEI number. For FEI number assistance, call the IRS at (800) 829-1040.

**TO AVOID THE ADMINISTRATIVE DISSOLUTION/REVOCATION,
PLEASE RETURN THE CORRECTED REPORT TO: DIVISION OF
CORPORATIONS, P.O. BOX 1500, TALLAHASSEE, FLORIDA 32302-
1500 WITHIN 30 DAYS OF THE DATE OF THIS LETTER.**

If you have additional questions or need further assistance, please call the Division of Corporations at 850-245-6056 and press 4. Your call will be answered in the order it is received.

/RH
ANNUAL REPORTS SECTION