


2004 FOR PROFIT CORPORATION ANNUAL REPORT

FILED
Apr 30, 2004 8:00 am
Secretary of State

04-30-2004 90313 001 ***150.00

DOCUMENT # P03000121174	
1. Entity Name BEAU CHAMBERS INC	

Principal Place of Business 1669 CYPRESS WOODS CIRCLE ST CLOUD, FL 34772 US	Mailing Address 1669 CYPRESS WOODS CIRCLE ST CLOUD, FL 34772 US
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2. Principal Place of Business 1669 Cypress Woods Cir	3. Mailing Address 1669 Cypress Woods Cir
Suite, Apt. #, etc. 5	Suite, Apt. #, etc. 5
City & State St. Cloud FL	City & State St. Cloud FL
Zip 34772	Zip 34772
Country US	Country US

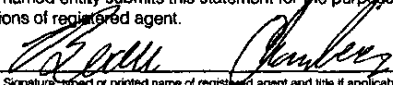


04192004 Chg-P CR2E034 (10/03)

4. FEI Number 20-0342924	Applied For <input type="checkbox"/> Not Applicable
5. Certificate of Status Desired <input type="checkbox"/> \$8.75 Additional Fee Required	

Current Registered Agent CHAMBERS, BEAU 1669 CYPRESS WOODS CIRCLE ST CLOUD, FL 34772	7. Name and Address of New Registered Agent Name Chambers Beau Street Address (P.O. Box Number is Not Acceptable) 1669 Cypress Woods Cir City St. Cloud FL Zip Code 34772
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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.

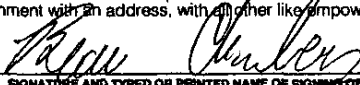
SIGNATURE:  DATE: **4/19/04**

Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating)

FILE NOW!!! FEE IS \$150.00 After May 1, 2004 Fee will be \$550.00	9. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/> \$5.00 May Be Added to Fees
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10. OFFICERS AND DIRECTORS		11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	P CHAMBERS, BEAU 1669 CYPRESS WOODS CIRCLE ST CLOUD, FL 34772 <input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
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TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition

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 another like empowered.

SIGNATURE:  DATE: **4/19/04** Daytime Phone #: **407 791-2777**

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR