2006 FOR PROFIT CORPORATION

FILED

ANNUAL REPORT				Feb 09, 2006 08:00 A			
1. Entity Nam						of State	
GEORGE	EBEACHUM CONTRACTING	i, INC.					
Principal Plac	e of Business	Mailing Address					
		2104 HARLEY WAY SUN CITY CENTER, FL 33573					
DO NOT WRITE IN THIS SPA			~=	02032006 No Chg-P CR2E034 (11/05)			
			CE	4. FEI Numb 20-032			Applied For Not Applicable
				5. Certificate	of Status Desired		5 Additional lequired
	6. Name and Address of Current Re	egistered Agent	_	 ·			
BEACHUM, GEORGE 2104 HARLEY WAY				DO	NOT W	RITE	
SUN CITY CENTER, FL 33573				IN T	THIS SP	ACE	
8. The above the obligat	named entity submits this statement for tions of registered agent.	he purpose of changing its register	ed office or register	ed agent, or bo	th, in the State of Fic	orida. I am familia	ır with, and accept
SIGNATURE	Signature, typed or partied name of registered agent and	fille if applicable. (NOTE: Registere	d Agent signature required	Z -	4-06	DATE	 .
FILE NOW!!! FEE IS \$150.00 After May 1, 2006 Fee will be \$550.00 9. Election Campaign Final Trust Fund Contribution.				.00 May Be ed to Fees	U00000 02/20/06	0426447 -80043-01	4 150.00
10.	ÓFFICERS AND D	RECTORS			 	.,	
TITLE	PSTD	•					
NAME	BEACHUM, GEORGE 2104 HARLEY WAY		l				
STREET ADDRESS CITY-ST-ZIP	SUN CITY CENTER, FL 33573						
TITLE	VPD			_			
NAME STREET ADDRESS	VANCE, CLAY WESLEY 603 6TH ST SW		1			•	
CITY-ST-ZIP	RUSKIN, FL 33570						•
TITLE		,			•		
NAME							
STREET ADDRESS CITY-ST-ZIP				DO	NOT W	RITE	
TITLE				IN .	THIS SF	ACE	
NAME OTHERS ADDRESS			1				
STREET ADDRESS CITY-ST-ZIP							
TITLE							
NAME PTDCCT ADODECC							
STREET ADDRESS CITY-ST-ZIP							
TITLE			1				

12. Thereby certify that the information supplied with this filing 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 cath; 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.

NAME STREET ADDRESS

SIGNATURE: SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Z-OT-O6
Daytime Phone #