


# 2005 FOR PRO CORPORATION ANNUAL REPORT

Jan 07,  
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<b>DOCUMENT # P03000131979</b> 1. Entity Name BEAL'S LANDSCAPING & NURSERY, INC.		
Principal Place of Business 2800 HWY 98 W MARY ESTER, FL 32569	Mailing Address 2800 HWY 98 W MARY ESTER, FL 32569	
<h2 style="margin: 0;">DO NOT WRITE IN THIS SPACE</h2>		
<div style="display: flex; justify-content: space-between;"> <span>01042005    No Chg-P    CR2E034 (10/03)</span> </div> <div style="display: flex; justify-content: space-between;"> <div style="width: 60%;">         4. FEI Number  <b>20-0422257</b> </div> <div style="width: 35%;">         Applied For  <input type="checkbox"/> Not Applicable       </div> </div> <div style="display: flex; justify-content: space-between;"> <div style="width: 60%;">         5. Certificate of Status Desired    <input type="checkbox"/> </div> <div style="width: 35%;"> <b>\$8.75</b> Additional Fee Required       </div> </div>		
6. Name and Address of Current Registered Agent		
BEAL, CHRISTOPHER T 2800 HWY 98 W MARY ESTER, FL 32569	<h2 style="margin: 0;">DO NOT WRITE IN THIS SPACE</h2>	
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 _____ <small>Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating) DATE</small>		
<b>FILE NOW!!! FEE IS \$150.00 After May 1, 2005 Fee will be \$550.00</b>	9. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/> <b>\$5.00</b> May Be Added to Fees	
10. OFFICERS AND DIRECTORS		
TITLE NAME STREET ADDRESS CITY - ST - ZIP	D BEAL, CHRISTOPHER T 2800 HWY 98 W MARY ESTER, FL 32569	
TITLE NAME STREET ADDRESS CITY - ST - ZIP	D BEAL, PANDORA L 2800 HWY 98 W MARY ESTER, FL 32569	
TITLE NAME STREET ADDRESS CITY - ST - ZIP	<h2 style="margin: 0;">DO NOT WRITE IN THIS SPACE</h2>	
TITLE NAME STREET ADDRESS CITY - ST - ZIP		
TITLE NAME STREET ADDRESS CITY - ST - ZIP		
TITLE 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.		
<div style="display: flex; justify-content: space-between;"> <div style="width: 40%;"> <b>SIGNATURE:</b> <i>Christopher T. Beal</i> </div> <div style="width: 30%;"> <b>CHRISTOPHER T. BEAL</b> </div> <div style="width: 30%; text-align: right;">         1/4/05 850-581-0725       </div> </div> <div style="display: flex; justify-content: space-between; font-size: small;"> <span>SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR</span> <span>Date</span> <span>Daytime Phone #</span> </div>		