


2005 FOR PROFIT CORPORATION ANNUAL REPORT


FILED
Apr 14, 2005 08:00 AM
Secretary of State

DOCUMENT # P03000155330
 1. Entity Name
M.J. BECK CARPENTRY, INC.



Principal Place of Business Mailing Address
344 SW KESTOR DR **344 SW KESTOR DR**
PORT SAINT LUCIE, FL 34953 US **PORT SAINT LUCIE, FL 34953 US**

DO NOT WRITE IN THIS SPACE



04102005 No Chg-P CR2E034 (10/03)

4. FEI Number 65-0535689	Applied For Not Applicable
5. Certificate of Status Desired <input type="checkbox"/>	\$8.75 Additional Fee Required

6. Name and Address of Current Registered Agent
ACCESS ACCOUNTING INC
432 SW LAKEHURST DR
PORT SAINT LUCIE, FL 34983-2825

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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 _____
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, 2005 Fee will be \$550.00

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

10. OFFICERS AND DIRECTORS

TITLE NAME STREET ADDRESS CITY - ST - ZIP	DIR BECK, MICHAEL J 344 SW KESTOR DR PORT SAINT LUCIE, FL 34953
TITLE NAME STREET ADDRESS CITY - ST - ZIP	P BECK, MICHAEL J 344 SW KESTOR DR PORT SAINT LUCIE, FL 34953
TITLE NAME STREET ADDRESS CITY - ST - ZIP	S,T BECK, MICHAEL J 344 SW KESTOR DR PORT SAINT LUCIE, FL 34953
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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: _____ **4/14/05** _____
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #