

2005 FOR PROFIT CORPORATION ANNUAL REPORT (AR)

FILED
Mar 04, 2005 8:00 am
Secretary of State

03-04-2005 90087 008 ***150.00

DOCUMENT # P03000157406

1. Entity Name

BEEDE PAVING, INC.



Principal Place of Business

4261 COW CREEK RD
EDGEWATER FL 32141

Mailing Address

4261 COW CREEK RD
EDGEWATER FL 32141

2. Principal Place of Business

4209 Cow Creek Rd

Suite, Apt. #, etc.

3. Mailing Address

Same

Suite, Apt. #, etc.

City & State

Edgewater FL

City & State

Edgewater FL

Zip

32141

Country

USA

Zip

Edgewater FL

Country

USA

4. FEI Number

20-0672325

Applied For

Not Applicable

5. Certificate of Status Desired ☐

\$8.75 Additional
Fee Required

1st MOORE

CR2E034 (10/04)



6. Name and Address of Current Registered Agent

BEEDE, PHILLIP G
4261 COW CREEK RD
EDGEWATER FL 32141

7. Name and Address of New Registered Agent

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

Signature, typed or printed name of registered agent and title if applicable.

(NOTE: Registered Agent signature required when reinstating)

DATE

FILE NOW!!! FEE IS \$150.00

After May 1, 2005 Fee Will Be \$550.00

Make Check Payable to Florida Department of State

9. Election Campaign Financing
Trust Fund Contribution. ☐

\$5.00 May Be
Added to Fees

10. OFFICERS AND DIRECTORS

TITLE P
NAME BEEDE, GORDON R
STREET ADDRESS 4261 COW CREEK RD.
CITY-ST-ZIP EDGEWATER FL 32141 ☐ Delete

TITLE V
NAME BEEDE, SALLY J
STREET ADDRESS 4261 COW CREEK RD.
CITY-ST-ZIP EDGEWATER FL 32141 ☐ Delete

TITLE T
NAME BEEDE, SALLY J
STREET ADDRESS 4261 COW CREEK RD.
CITY-ST-ZIP EDGEWATER FL 32141 ☐ Delete

TITLE S
NAME BEEDE, SALLY J
STREET ADDRESS 4261 COW CREEK RD.
CITY-ST-ZIP EDGEWATER FL 32141 ☐ Delete

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP ☐ Delete

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP ☐ Delete

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP ☐ Change ☐ Addition

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP ☐ Change ☐ Addition

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP ☐ Change ☐ Addition

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NAME
STREET ADDRESS
CITY-ST-ZIP ☐ Change ☐ 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 all other like empowered.

SIGNATURE:

Sally Beede VP

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

2/28/05 386-233-0765

Date Daytime Phone #