

**2005 FOR PROFIT CORPORATION
ANNUAL REPORT (AR)**

DOCUMENT # P04000012194

1. Entity Name

WILLIAM BEAMON FRAMING SUBCONTRACTOR, INC.



FILED

**Apr 20, 2005 8:00 am
Secretary of State**

04-20-2005 90291 010 ***150.00

Principal Place of Business
306 WASHINGTON BLVD
LAKE PLACID FL 33852

Mailing Address

306 WASHINGTON BLVD
LAKE PLACID FL 33852

2. Principal Place of Business

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

4. FEI Number

86-1097621

Applied For

Not Applicable

Zip

Country

Zip

Country

5. Certificate of Status Desired

\$8.75 Additional
Fee Required

6. Name and Address of Current Registered Agent

BEAMON, WILLIAM
306 WASHINGTON BLVD
LAKE PLACID FL 33852

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

\$5.00 May Be
Trust Fund Contribution. Added to Fees

10. OFFICERS AND DIRECTORS

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE DP Delete
NAME BEAMON, WILLIAM
STREET ADDRESS 306 WASHINGTON BLVD
CITY-ST-ZIP LAKE PLACID FL 33852

TITLE Change Addition
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE DT Delete
NAME BEAMON, WILLIAM JR.
STREET ADDRESS 306 WASHINGTON BLVD
CITY-ST-ZIP LAKE PLACID FL 33852

TITLE Change Addition
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE V Delete
NAME SLAUGHTER, JESSE
STREET ADDRESS PO BOX 1934
CITY-ST-ZIP LAKE PLACID FL 33862-1934

TITLE Change Addition
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE Delete
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE Change Addition
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE Delete
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE Change Addition
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.

SIGNATURE: William J. Beamon William J. Beamon

04-12-05

SIGNATURE AND TYPE OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #