


# 2005 FOR PROFIT CORPORATION ANNUAL REPORT

**FILED**  
**Jan 28, 2005 8:00 am**  
**Secretary of State**

01-28-2005 90026 008 \*\*\*158.75

<b>DOCUMENT # P04000054815</b> 1. Entity Name <b>BEACONLITE CORPORATION</b>					
Principal Place of Business <b>12405 PASCO TRAILS BOULEVARD SPRING HILL, FL 34610 US</b>			Mailing Address <b>12405 PASCO TRAILS BOULEVARD SPRING HILL, FL 34610 US</b>		
2. Principal Place of Business		3. Mailing Address			
Suite, Apt. #, etc.		Suite, Apt. #, etc.			
City & State		City & State			
Zip	Country	Zip	Country	01242005    Chg-P    CR2E034 (10/03)	
4. FEI Number				<input checked="" type="checkbox"/> Applied For <input type="checkbox"/> Not Applicable	
5. Certificate of Status Desired				<input checked="" type="checkbox"/> <b>\$8.75 Additional Fee Required</b>	
6. Name and Address of Current Registered Agent			7. Name and Address of New Registered Agent		
<b>LEGAL ZOOM NEVADA, INC.</b> <b>44 W. FLAGLER ST</b> <b>SUITE 675</b> <b>MIAMI, FL 33130</b>			Name Street Address (P.O. Box Number is Not Acceptable) City <div style="display: flex; justify-content: space-between;"> <span><b>FL</b></span> <span>Zip Code</span> </div>		
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 _____ (NOTE: Registered Agent signature required when reinstating) _____ DATE _____ <small>Signature, typed or printed name of registered agent and title if applicable.</small>					
<b>FILE NOW!!! FEE IS \$150.00</b> <b>After May 1, 2005 Fee will be \$550.00</b>		9. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/>		<b>\$5.00 May Be Added to Fees</b>	
10. OFFICERS AND DIRECTORS			11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11		
TITLE	PRES		TITLE		
NAME	YAP, MICHAEL L		NAME		
STREET ADDRESS	12405 PASCO TRAILS BOULEVARD		STREET ADDRESS		
CITY-ST-ZIP	SPRING HILL, FL 34610		CITY-ST-ZIP		
TITLE	SECR		TITLE		
NAME	YAP, SUZANNE M		NAME		
STREET ADDRESS	12405 PASCO TRAILS BOULEVARD		STREET ADDRESS		
CITY-ST-ZIP	SPRING HILL, FL 34610		CITY-ST-ZIP		
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CITY-ST-ZIP			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.					
<b>SIGNATURE:</b> _____ <small>SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR</small>			Date: <b>January 25, 2005</b> Daytime Phone #: <b>813-585-5546</b>		