


**2006 FOR PROFIT CORPORATION ANNUAL REPORT**

**FILED**  
**May 01, 2006 8:00 am**  
**Secretary of State**

05-01-2006 90486 035 \*\*\*150.00

**DOCUMENT # P04000091343**

1. Entity Name  
**BEEPERS N PHONES OF PINELLAS, INC.**



Principal Place of Business      Mailing Address  
**3350 EAST BAY DRIVE**      **3350 EAST BAY DRIVE**  
**LARGO, FL 33771**      **LARGO, FL 33771**

**50018066**



2. Principal Place of Business      3. Mailing Address  
**7000 Park Blvd**      **7000 Park Blvd**  
 Suite, Apt. #, etc.      Suite, Apt. #, etc.  
**Suite A**      **Suite A**

04242006      Chg-P      CR2E034 (11/05)

City & State      City & State  
**Pinellas Park, FL**      **Pinellas Park, FL**  
 Zip      Country      Zip      Country  
**33781**      **US**      **33781**      **US**

4. FEI Number      Applied For  
**20-1366907**      Not Applicable

5. Certificate of Status Desired       **\$8.75** Additional Fee Required

6. Name and Address of Current Registered Agent  
**POWNALL, RON**  
**3350 EAST BAY DRIVE**  
**LARGO, FL 33771**

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 \_\_\_\_\_ (NOTE: Registered Agent signature required when reinstating)      DATE \_\_\_\_\_

**FILE NOW!!! FEE IS \$150.00**  
**After May 1, 2006 Fee will be \$550.00**

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

10. OFFICERS AND DIRECTORS

TITLE	D	<input type="checkbox"/> Delete
NAME	POWNALL, RON	
STREET ADDRESS	3350 EAST BAY DRIVE	
CITY-ST-ZIP	LARGO, FL 33771	
TITLE	D	<input type="checkbox"/> Delete
NAME	BEAM, THOMAS	
STREET ADDRESS	3350 EAST BAY DRIVE	
CITY-ST-ZIP	LARGO, FL 33771	
TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		

12. I hereby certify that the information supplied with this filing does not qualify for the exemptions contained in Chapter 119, 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: \_\_\_\_\_      4/25/06      727-497-1777  
 SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR      Date      Daytime Phone #