

# 2007 FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# P04000148371

FILED  
Mar 26, 2007  
Secretary of State

Entity Name: CHRISTOPHER AND VICTORIA BEARD, P.A.

## Current Principal Place of Business:

223 PISCES DRIVE  
SANTA ROSA BEACH, FL 32459 US

## New Principal Place of Business:

## Current Mailing Address:

223 PISCES DRIVE  
SANTA ROSA BEACH, FL 32459 US

## New Mailing Address:

FEI Number: 34-2030464

FEI Number Applied For ( )

FEI Number Not Applicable ( )

Certificate of Status Desired ( )

## Name and Address of Current Registered Agent:

BEARD, VICTORIA S  
223 PISCES DRIVE  
SANTA ROSA BEACH, FL 32459 US

## Name and Address of New Registered Agent:

HELMICH, KEVIN M ESQUIRE  
4481 LEGENDARY DRIVE  
SUITE 200  
DESTIN, FL 32541 US

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.

SIGNATURE: KEVIN M. HELMICH

03/26/2007

Electronic Signature of Registered Agent

Date

Election Campaign Financing Trust Fund Contribution ( ).

## OFFICERS AND DIRECTORS:

Title: PRES ( ) Delete  
Name: BEARD, VICTORIA S  
Address: 223 PISCES DRIVE  
City-St-Zip: SANTA ROSA BEACH, FL 32459 US

Title: SECR ( ) Delete  
Name: BEARD, CHRISTOPHER S  
Address: 223 PISCES DRIVE  
City-St-Zip: SANTA ROSA BEACH, FL 32459 US

## ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

Title: PTD (X) Change ( ) Addition  
Name: BEARD, VICTORIA S  
Address: 223 PISCES DRIVE  
City-St-Zip: SANTA ROSA BEACH, FL 32459 US

Title: VPSD (X) Change ( ) Addition  
Name: BEARD, CHRISTOPHER S  
Address: 223 PISCES DRIVE  
City-St-Zip: SANTA ROSA BEACH, FL 32459 US

I hereby certify that the information supplied with this filing does not qualify for the for the exemption stated 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 electronic 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 above, or on an attachment with an address, with all other like empowered.

SIGNATURE: VICTORIA S. BEARD

PTD

03/26/2007

Electronic Signature of Signing Officer or Director

Date