
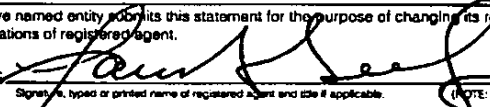
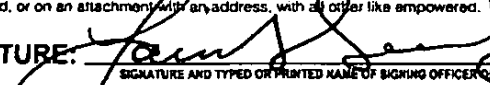


# 2006 FOR PROFIT CORPORATION ANNUAL REPORT

**FILED**  
**Mar 09, 2006 8:00 am**  
**Secretary of State**

02-17-2006 90077 018 \*\*\*150.00

<b>DOCUMENT # P05000036514</b>					
1. Entity Name <b>BEARD PIPPIN PROPERTIES, INC.</b>					
Principal Place of Business <b>243 SOUTH CENTRAL AVE. UMATILLA, FL 32784</b>			Mailing Address <b>243 SOUTH CENTRAL AVE. UMATILLA, FL 32784</b>		
2. Principal Place of Business			3. Mailing Address		
Suite, Apt. #, etc.			Suite, Apt. #, etc.		
City & State			City & State		
Zip	Country	Zip	Country	4. FEI Number <b>20-2475728</b>	
5. Certificate of Status Desired <input type="checkbox"/> \$8.75 Additional Fee Required				Applied For Not Applicable	
6. Name and Address of Current Registered Agent					
<b>BEARD, LAURIER A JR.</b> <b>243 SOUTH CENTRAL AVE.</b> <b>UMATILLA, FL 32784</b>					
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  DATE <b>1-24-06</b>					
<b>FILE NOW!!! FEE IS \$150.00</b> <b>After May 1, 2006 Fee will be \$550.00</b>					
9. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/> \$5.00 May Be Added to Fees					
10. OFFICERS AND DIRECTORS					
TITLE	D <input type="checkbox"/> Delete				
NAME	<b>BEARD, LAURIER A JR.</b>				
STREET ADDRESS	<b>243 SOUTH CENTRAL AVE.</b>				
CITY-ST-ZIP	<b>UMATILLA, FL 32784</b>				
TITLE	D <input type="checkbox"/> Delete				
NAME	<b>PIPPIN, LEIGH ANN</b>				
STREET ADDRESS	<b>405 NORTH CLAYTON STREET</b>				
CITY-ST-ZIP	<b>MOUNT DORA, FL 32757</b>				
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					
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 any address, with all other like empowered.					
SIGNATURE:  PRESIDENT DATE <b>1-24-06</b> 352-589-9989					

66004319



0112006 Chg-P CR2E034 (11/05)



ATTACHMENT  
66004319

FLORIDA DEPARTMENT OF STATE  
Division of Corporations

February 21, 2006

BEARD PIPPIN PROPERTIES, INC.  
243 SOUTH CENTRAL AVE.  
UMATILLA, FL 32784

Subject: **BEARD PIPPIN PROPERTIES, INC.**

Reference Number: **P05000036514**

Please be advised, we have received your annual report/uniform business report and your check(s) totaling \$150.00; however, the report **has not been filed** and a copy is being returned for the following correction(s):

Please complete Block 4 by entering your Federal Employer Identification (FEI) number or by checking the appropriate box. If "APPLIED FOR" is preprinted in Block 4, you **MUST** now provide the FEI number. A Social Security number is not considered to be the same as the FEI number. For FEI number assistance, call the IRS at (800) 829-1040.

After the corrections have been made, please return the report to: Division of Corporations, P.O. Box 1500, Tallahassee, Florida 32302-1500 within 30 days from the date of this letter.

If you have additional questions or need further assistance, please call the Division of Corporations at 850-245-6056 and press 4. Your call will be answered in the order it is received.

/CD

ANNUAL REPORTS SECTION