## 2006 FOR PROFIT CORPORATION ANNUAL REPORT

## FILED Jun 29, 2006 8:00 am Secretary of State 05-03-2006 90234 003 \*\*\*150.00

DOCUMENT # P05000045039  1. Entity Name BEINKEMPER, INC.						05-03-20	06 90234 003 *	**130.00
Principal Place of Business Mailing Address 22 MOONEY RD 22 MOONEY RD FT WALTON BEACH, FL 32547 FT WALTON BEACH, FL 3					i in		i Bein ereni enn enres inin i	Prindri sa 1801
2. Principal F	Place of Business	3. Mailing Address						
Suite, Apt. #, etc.		Suite, Apt. #, etc.			04202006	Chg-P	CR2E034 (11/05)	•
City & State		City & State			4. FEI Numbe	5-3917	7 / V	or Applicable
Zip	Country	untry Zip Co		try	5. Certificate of	of Status Desired	□ \$8.75 Ad Fee Requir	
6. Name and Address of Current Registered Agent				7. Name and Address of New Registered Agent Name				
BEINKEMPER, DAVID 22 MOONEY RD FT WALTON BEACH, FL 32547				Street Address (P.O. Box Number is Not Acceptable)				
				City			FL Zip Coo	je je
8. The above	named entity submits this statement to tions of registered agent.	registere	d office or register	red agent, or both	n, in the State of Flo		, and accept	
SIGNATURE								
Signeture, typed or printed name of registered agent and life if applicable. (NOTE: Registered Agent					(when reinstating)		DATE	
FILE NOWILL FEE IS \$150.00  After May 1, 2006 Fee will be \$550.00  *B. Election Campaign Financing \$5.00 May Be Trust Fund Contribution.   Added to Fees								
10.	OFFICERS AND		11.		ADDITIONS/C	HANGES TO OFFI	CERS AND DIRECTOR	SIN 11
TITLE	050 050 050		ITILE	I .			Change	Addition
STREET ADDRESS CITY-ST-ZIP	ESS 22 MOONEY RD FT WALTON BEACH, FL 32547			T ADDRESS ST-ZIP				-
tifue	D Deleta III		IIILE	I .			Change	☐ Addition
NAME STREET ADDRESS	BEINKEMPER, CONNIE 22 MOONEY RD		NAME	T ADDRESS				1
CITY-ST-ZIP	1 =			\$1-ZIP	<del></del>	•		
TITLE NAME	☐ Celeie fifit			I			Change	☐ Addition
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hht	- International Control of the Contr						C Creates	- Addition
NAME STREET ADDRESS			NAME					_
CITY-ST-ZIP				T ADDRESS ST-ZIP				
TITE .	☐ Deleta III						☐ Change	Addition
NAME STREET ADDRESS CITY-ST-ZIP	i			T ADORESS S1-ZIP				
IIILE	☐ Delete TITL						☐ Change	☐ Addition
NAME STREET ADDRESS CITY-ST-ZIP				T ADDRESS				
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: Hall Benylana Davin M. BEINKEMPER 4/21/06 850-543-7362								