2006 FOR PROFIT CORPORATION ANNUAL REPORT

FILED
Feb 24, 2006 8:00 am
Secretary of State

02-02-2006 90037 003 ***150.00

DOCUMENT # P05000091656

1. Entity Name
BETA SEVEN OF ALACHUA, INC.

66002509

01242006 Chg-P CR2E034 (11/05)

Principal Place of Business	Mailing Address
690 POLO COURT ST. AUGUSTINE, FL 32086	690 POLO COURT ST. AUGUSTINE, FL 32086

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 20-3075192 ☐ Applied For ☐ Not Applicable

5. Certificate of Status Desired ☐ $8.75 Additional Fee Required

6. Name and Address of Current Registered Agent	7. Name and Address of New Registered Agent
WATSON, TODD 7785 BAYMEADOWS WAY SUITE 107 JACKSONVILLE, FL 32256	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 ________________
Signature, typed or printed name of registered agent and title if applicable. (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		11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11	
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	D MEDEIROS, ROBERT E 690 POLO COURT ST. AUGUSTINE, 32086 ☐ Delete	TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	PS ☒ Change ☐ Addition
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	☐ Delete	TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	VPT Marie I. Medeiros 690 Polo Court ~~St. Augustine, FL 32086~~ ☐ Change ☒ Addition
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	☐ Delete	TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	☐ Change ☐ Addition
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	☐ Delete	TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	☐ Change ☐ Addition
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TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	☐ Delete	TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	☐ Change ☐ Addition

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: [signature] Robert E. Medeiros 01/29/06 904/669-3926
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR — Date — Daytime Phone #

ATTACHMENT
66002509

FLORIDA DEPARTMENT OF STATE
Division of Corporations

February 6, 2006

BETA SEVEN OF ALACHUA, INC.
690 POLO COURT
ST. AUGUSTINE, FL 32086

Subject: **BETA SEVEN OF ALACHUA, INC.**

Reference Number: **P05000091656**

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.

/MH
ANNUAL REPORTS SECTION

ATTACHMENT
660025092
#P05000091656

Form **SS-4** (Rev. December 2001) Department of the Treasury Internal Revenue Service	**Application for Employer Identification Number** (For use by employers, corporations, partnerships, trusts, estates, churches, government agencies, Indian tribal entities, certain individuals, and others) ▶ See separate instructions for each line. ▶ Keep a copy for your records.	EIN 20-3075192 OMB No. 1545-0003

1* Legal name of entity (or individual) for whom the EIN is being requested
Beta Seven of Alachua Inc

2 Trade name of business (if different from name on line 1)	3 Executor, trustee, "care of" name
4a* Mailing address (room, apt., suite no. and street, or P.O. box) 690 Polo Court	5a Street address (if different) (Do not enter a P.O. box)
4b* City, state, and ZIP code Saint Augustine FL 32086 -	5b City, state, and ZIP code

6* County and state where principal business is located
County St Johns State FL

7a* Name of principal officer, general partner, grantor, owner, or trustor	7b* SSN, ITIN, EIN
Robert E Medeiros	039-36-0079

8a* Type of entity (check only one)
- ☐ Sole Proprietor (SSN)
- ☐ Partnership
- ☑ Corporation (enter form number to be filed) ▶ 1120S
- ☐ Personal Service
- ☐ Church or church-controlled organization
- ☐ Other nonprofit organization (specify) ▶
- ☐ Other (specify) ▶
- ☐ Estate (SSN of decedent)
- ☐ Plan administrator (SSN)
- ☐ Trust (SSN of grantor)
- ☐ National Guard
- ☐ Farmers' cooperative
- ☐ REMIC
- Group Exemption No. (GEN) ▶
- ☐ State/local government
- ☐ Federal government/military
- ☐ Indian tribal government/enterprises

8b* If a corporation, name the state or foreign country (if applicable) where incorporated	State FL	Foreign country

9* Reason for applying (check only one)
- ☑ Started new business (specify type) ▶ corporation
- ☐ Hired employees (Check the box and see line 12)
- ☐ Compliance with IRS withholding regulations
- ☐ Other (specify) ▶
- ☐ Banking purpose (specify purpose) ▶
- ☐ Changed type of organization (specify new type) ▶
- ☐ Purchased going business
- ☐ Created a trust (specify type) ▶
- ☐ Created a pension plan (specify type) ▶

10* Date business started or acquired (month, day, year)	11* Closing month of accounting year
JUN 27 2005	DEC

12 First date wages or annuities were paid or will be paid (month, day, year) *Note: If applicant is a withholding agent, enter date income will first be paid to nonresident alien. (month, day, year)* ▶

13 Highest number of employees expected in the next twelve months *Note: If the applicant does not expect to have any employees during the period, enter "-0-"* ▶	Agriculture	Household	Other

14* Check box that best describes the principal activity of your business
- ☐ Construction
- ☐ Real estate
- ☐ Rental & leasing
- ☐ Manufacturing
- ☐ Transportation & warehousing
- ☐ Finance & insurance
- ☑ Accommodation & food service
- ☐ Retail
- ☐ Health care & social assistance
- ☐ Wholesale-agent/broker
- ☐ Wholesale-other
- ☐ Other (specify)

15* Indicate principal line of merchandise sold; specific construction work done; products produced; or services provided
restaurant

16a* Has the applicant ever applied for an employer identification number for this or any other business? ☐ Yes ☑ No
Note: *If "Yes," please complete lines 16b and 16c*

16b If you checked "Yes" on line 16a, give applicant's legal name and trade name shown on prior application if different from line 1 or 2 above
Legal name ▶
Trade name ▶

16c Approximate date when, and city and state where, the application was filed. Enter previous employer identification number if known. Approximate date when filed (month, day, year)	City and state where filed	Previous EIN

Third Party Designee

Complete section only if you want to authorize the named individual to receive the entity's EIN and answer questions about the completion of this form.

Designee's name	Designee's telephone number (include area code)
Todd Watson Attorney at Law	(904) 739 - 9747
Address and ZIP code: 7785 Baymeadows Wy 107 Jacksonville FL 32256 -	Designee's fax number (include area code) (904) 739 - 9748

Under penalties of perjury, I declare that I have examined this application, and to the best of my knowledge and belief, it is true, correct, and complete.
Name and title (type or print clearly)

Applicant's telephone number (include area code)