

# 2006 FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# P05000099534

FILED  
May 09, 2006  
Secretary of State

Entity Name: BEEPERS N PHONES OF ATLANTIC, INC

**Current Principal Place of Business:**

1102 3RD STREET SOUTH  
JACKSONVILLE BEACH, FL 32250

**New Principal Place of Business:**

**Current Mailing Address:**

PO BOX 16952  
JACKSONVILLE, FL 32245

**New Mailing Address:**

FEI Number: 20-3160156

FEI Number Applied For ( )

FEI Number Not Applicable ( )

Certificate of Status Desired ( )

**Name and Address of Current Registered Agent:**

HARPER, BRENT  
1102 3RD STREET SOUTH  
JACKSONVILLE BEACH, FL 32250 US

**Name and Address of New Registered Agent:**

JONES, MICHAEL  
1102 3RD STREET SOUTH  
JACKSONVILLE BEACH, FL 32250 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: MICHAEL JONES

05/09/2006

Electronic Signature of Registered Agent

Date

In accordance with s. 607.193(2)(b), F.S., the corporation did not receive the prior notice.

Election Campaign Financing Trust Fund Contribution ( ).

**OFFICERS AND DIRECTORS:**

Title: PVPS ( ) Delete  
Name: JONES, MICHAEL  
Address: 1102 3RD STREET SOUTH  
City-St-Zip: JACKSONVILLE BEACH, FL 32250

Title: TD ( ) Delete  
Name: JONES, MICHAEL  
Address: 1102 3RD STREET SOUTH  
City-St-Zip: JACKSONVILLE BEACH, FL 32250

**ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:**

Title: ( ) Change ( ) Addition  
Name:  
Address:  
City-St-Zip:

Title: ( ) Change ( ) Addition  
Name:  
Address:  
City-St-Zip:

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: MICHAEL JONES

PVPS

05/09/2006

Electronic Signature of Signing Officer or Director

Date