

2007 FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# P05000099534

FILED
Mar 22, 2007
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:

1102 3RD STREET SOUTH
JACKSONVILLE, FL 32250

FEI Number: 20-3160156

FEI Number Applied For ()

FEI Number Not Applicable ()

Certificate of Status Desired ()

Name and Address of Current Registered Agent:

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

Name and Address of New Registered Agent:

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: _____

Electronic Signature of Registered Agent

Date

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

PRES

03/22/2007

Electronic Signature of Signing Officer or Director

Date