2006 FOR PROFIT CORPORATION ANNUAL REPORT

FILED
May 04, 2006 8:00 am
Secretary of State
05-04-2006 90220 044 ***150.00

DOCUMENT # P05000159823

1. Entity Name
AAA BEACON CREDIT REPAIR, INC.

Principal Place of Business
~~3336 WESTMORELAND DR.~~
~~TAMPA FL 33618 US~~

Mailing Address
~~3336 WESTMORELAND DR.~~
~~TAMPA FL 33618 US~~

01102006 Chg-P CR2E034 (11/05)

2. Principal Place of Business		3. Mailing Address	
3550 BUSCHWOOD PARK DR.		3550 BUSCHWOOD PARK DR.	
Suite, Apt #, etc: SUITE 115		Suite, Apt #, etc: SUITE 115	
City & State: TAMPA FL		City & State: TAMPA FL	
Zip: 33618	Country: USA	Zip: 33618	Country: USA

4. FEI Number: 20-3971738 ☐ Applied For ☐ Not Applicable

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

6. Name and Address of Current Registered Agent

BREND, GARY W
3336 WESTMORELAND DR.
TAMPA, FL 33618

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: [signature] PRESIDENT 4/15/06
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 (FILL)	
TITLE	D	☐ Delete	TITLE	☐ Change ☐ Addition
NAME	BREND, GARY W		NAME	
STREET ADDRESS	3336 WESTMORELAND DR.		STREET ADDRESS	
CITY-ST-ZIP	TAMPA, FL 33618		CITY-ST-ZIP	
TITLE		☐ Delete	TITLE	☐ Change ☐ Addition
NAME			NAME	
STREET ADDRESS			STREET ADDRESS	
CITY-ST-ZIP			CITY-ST-ZIP	
TITLE		☐ Delete	TITLE	☐ Change ☐ Addition
NAME			NAME	
STREET ADDRESS			STREET ADDRESS	
CITY-ST-ZIP			CITY-ST-ZIP	
TITLE		☐ Delete	TITLE	☐ Change ☐ Addition
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CITY-ST-ZIP			CITY-ST-ZIP	
TITLE		☐ Delete	TITLE	☐ Change ☐ Addition
NAME			NAME	
STREET ADDRESS			STREET ADDRESS	
CITY-ST-ZIP			CITY-ST-ZIP	
TITLE		☐ Delete	TITLE	☐ Change ☐ Addition
NAME			NAME	
STREET ADDRESS			STREET ADDRESS	
CITY-ST-ZIP			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 an address, with all other like empowered.

SIGNATURE: [signature] GARY W. BREND 4/15/06
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR DATE