2006 FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT # P14246

1. Entity Name

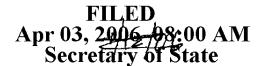
THE BEAUX-ARTS GROUP OF FLORIDA, INC.



Principal Place of Business

8408 BENJAMIN ROAD TAMPA, FL 33634 US ... Mailing Address

8408 BENIAMIN ROAD TAMPA, FL 33634 US







DO NOT WRITE IN THIS SPACE

 01122006
 No Chg-P
 CR2E034 (11/05)

 4. FEt Number
 Applied For Not Applicable

5. Certificate of Status Desired

\$8.75 Additional Fee Required

6. Name and Address of Current Registered Agent

CT CORPORATION SYSTEM 1200 S. PINE ISLAND ROAD PLANTATION, FL 33324

DO NOT WRITE IN THIS SPACE

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|--|--|---------------------------|----------------------------|--------------------------------|---|--|
| | named entity submits this statement for the pions of registered agent. | urpose of changing its ri | egistered office or r | egistered agent, or b | oth, in the State of Florida. I am familiar with, and account | |
| SIGNATURE_ | Signature, typed or printed name of registered agent and title it | f eppficable (NOTE: | Registered Agent signature | • required when reinstating) | OATE | |
| FILE NOWIII FEE IS \$150.00 After May 1, 2006 Fee will be \$550.00 9. Election Car | | | | \$5.00 May Be Added to Fees | | |
| 10. | OFFICERS AND DIREC | TORS | T 1 | | | |
| TITLE NAME STREET ADDRESS CITY-ST-ZIP | PD EVERETT, WILLIAM F. JR. 8408 BENJAMIN RD. TAMPA, FL 33634 | | | | | |
| TITLE NAME STREET ADDRESS CHY-ST-ZIP | STD MCKAY, RONALD, L 8408 BENJAMIN RD. TAMPA, FL 33634 | | | | 000000489352 04/18/06-80013-018 150.00 | |
| Title Name Street address City-S1-Jip | V ADAMS, ANNE, B 8408 BENJAMIN RD. TAMPA, FL 33634 | | | DO NOT WRITE | | |
| NAME A STREET ALBRESS CITY-ST-ZIP | | | | IN THIS SPACE | | |
| TITLE NAME STREET ADDRESS (CITY-ST-ZIP | | | | | | |
| TITCE NAME STREET ADDRESS | | | | | | |

12. I hereby certify that the information supplied with this filling does not qualify for the exemptions contained in Chapter 119, Florida Statutes. I further certify that the information indicated on this report or supplemental regist 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 direction of the corporation or the receiver or truster empowered to execute this report as required by Chapter 607, Florida Statutes; and that my name appears in Block 10 or Block 11 changed, or on an attachment with an apprecia, with all other like empowered.

SIGNATURE:

SMATURE AND TYPEO OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

31/06 813-880-86