

**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 BENJAMIN ROAD  
TAMPA, FL 33634 US

**FILED**  
**Apr 03, 2006 08:00 AM**  
**Secretary of State**

*[Handwritten signature]*



01122006 No Chg-P CR2E034 (11/05)

**DO NOT WRITE IN THIS SPACE**

4. FEI Number  
59-2783867

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**

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 re-registering)

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

TITLE PD  
NAME EVERETT, WILLIAM F. JR.  
STREET ADDRESS 8408 BENJAMIN RD.  
CITY-ST-ZIP TAMPA, FL 33634

TITLE STD  
NAME MCKAY, RONALD, L.  
STREET ADDRESS 8408 BENJAMIN RD.  
CITY-ST-ZIP TAMPA, FL 33634

TITLE V  
NAME ADAMS, ANNE, B.  
STREET ADDRESS 8408 BENJAMIN RD.  
CITY-ST-ZIP TAMPA, FL 33634

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

U00000489352  
04/18/06-80013-018 150.00

**DO NOT WRITE  
IN THIS SPACE**

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 changed, or on an attachment with an address, with all other like empowered.

SIGNATURE:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

3/31/06 813-880-86

Date

Daytime Phone #