

2006 FOR PROFIT CORPORATION ANNUAL REPORT (AR)

FILED
Jan 26, 2006 08:00 AM
Secretary of State

DOCUMENT # P92000014507					
1. Entity Name DON BEGG REAL ESTATE, INC.					
Principal Place of Business 14324 WADSWORTH DRIVE ODESSA FL 33556 US			Mailing Address 14324 WADSWORTH DRIVE ODESSA FL 33556 US		
2. Principal Place of Business			3. Mailing Address		
Suite, Apt. #, etc.			Suite, Apt. #, etc.		
City & State			City & State		
Zip	Country	Zip	Country	4. FEI Number 59-3172386	
				Applied For ☐ Not Applicable	
				5. Certificate of Status Desired ☐ \$8.75 Additional Fee Required	
6. Name and Address of Current Registered Agent			7. Name and Address of New Registered Agent		
BEGG, WILLIAM D 14324 WADSWORTH DRIVE ODESSA FL 33556			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 _____ (NOTE: Registered Agent signature required when reinstating) DATE _____					
FILE NOW!!! FEE IS \$150.00 After May 1, 2006 Fee Will Be \$550.00 Make Check Payable to Florida Department of State				9. Election Campaign Financing \$5.00 May Trust Fund Contribution. ☐ Added to Fee	
10. OFFICERS AND DIRECTORS			11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11		
TITLE	SD	☐ Delete	TITLE	☐ Change ☐ Add	
NAME	BEGG, BEATRICE		NAME	U00000402044	
STREET ADDRESS	14324 WADSWORTH DRIVE		STREET ADDRESS	02/02/06-80070-020 150.00	
CITY-ST-ZIP	ODESSA FL 33556		CITY-ST-ZIP		
TITLE	PD	☐ Delete	TITLE	☐ Change ☐ Add	
NAME	BEGG, WILLIAM D.		NAME		
STREET ADDRESS	14324 WADSWORTH DRIVE		STREET ADDRESS		
CITY-ST-ZIP	ODESSA FL 33556		CITY-ST-ZIP		
TITLE		☐ Delete	TITLE	☐ Change ☐ Add	
NAME			NAME		
STREET ADDRESS			STREET ADDRESS		
CITY-ST-ZIP			CITY-ST-ZIP		
TITLE		☐ Delete	TITLE	☐ Change ☐ Add	
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CITY-ST-ZIP			CITY-ST-ZIP		
TITLE		☐ Delete	TITLE	☐ Change ☐ Add	
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 Section 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: <u>William D. Beggs</u> <u>William D. Beggs</u> <u>1/23/06</u> <u>813-920-876</u>					