

**2005 FOR PROFIT CORPORATION
ANNUAL REPORT**

FILED
Apr 18, 2005 8:00 am
Secretary of State

04-18-2005 90336 002 ***150.00

DOCUMENT # P93000043949

1. Entity Name
BEASLEY, SPEED & COMPANY, P.A.



Principal Place of Business
**4940 SOUTHFORK DR
STE 1
LAKELAND, FL 33813 US**

Mailing Address
**P O BOX 90246
LAKELAND, FL 33804-246 US**

50038249



04132005 Chg-P CR2E034 (10/03)

4. FEI Number
59-3188484 Applied For
Not Applicable

5. Certificate of Status Desired **\$8.75 Additional
Fee Required**

2. Principal Place of Business

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

Zip

Country

Zip

Country

6. Name and Address of Current Registered Agent

**BEASLEY, DENNIS E
1246 HAYMARKET DRIVE
LAKELAND, FL**

Name

Street Address (P.O. Box Number is Not Acceptable)

City

FL

Zip Code

7. Name and Address of New Registered Agent

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 reinstating)

DATE

**FILE NOW!!! FEE IS \$150.00
After May 1, 2005 Fee will be \$550.00**

9. Election Campaign Financing
Trust Fund Contribution. **\$5.00 May Be
Added to Fees**

10. OFFICERS AND DIRECTORS

TITLE **PTD** Delete
NAME **BEASLEY, DENNIS E**
STREET ADDRESS **1246 HAYMARKET DRIVE**
CITY-ST-ZIP **LAKELAND, FL**

TITLE **VPD** Delete
NAME **BEASLEY, RYAN**
STREET ADDRESS **525 FLAMINGO DR.**
CITY-ST-ZIP **LAKELAND, FL 33803**

TITLE Delete
NAME
STREET ADDRESS
CITY-ST-ZIP

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE Change Addition
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE Change Addition
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE Change Addition
NAME **Secretary**
STREET ADDRESS **Laura Beasley**
CITY-ST-ZIP **525 Flamingo Dr.**
Lakeland, FL 33803

TITLE Change Addition
NAME **Director**
STREET ADDRESS **Barbara Beasley**
CITY-ST-ZIP **1246 Haymarket Dr.**
Lakeland, FL 33809

TITLE Change Addition
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE Change Addition
NAME
STREET ADDRESS
CITY-ST-ZIP

12. I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Section 119.07(3)(i), 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:

Ryan Beasley
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

7/13/05
Date

863-646-1373
Daytime Phone #