2004 FOR PROFIT CORPORATION ANNUAL REPORT

FILED
May 03, 2004 8:00 am
Secretary of State
05-03-2004 91232 043 ***150.00

DOCUMENT P93000077397

1. Entity Name
BEACON WOODS PLAZA, INC

Principal Place of Business | Mailing Address
12358 U.S. HWY 19
~~HWY 19 N~~
HUDSON FR 34667

04132004 Chg-P CR2E034 (10/03)

2. Principal Place of Business	3. Mailing Address
~~12358~~ 12358 US HWY 19	SAME
Suite, Apt. #, etc.	Suite, Apt. #, etc.
City & State: HUDSON FL	City & State
Zip: 34667 · Country: PASCO	Zip · Country

4. FEI Number: 59-3217161 ☐ Applied For ☐ Not Applicable

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

6. Name and Address of Current Registered Agent
LAURIE STAFFORD
MALCOLM AVE
HUDSON AVE, FL.

7. Name and Address of New Registered Agent
Name: NICHOLAS SKOUGGATAKIS
Street Address (P.O. Box Number Is Not Acceptable): 12358 US HWY 19
City: HUDSON FL FL Zip Code: 34667

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] 4/16/2004
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, 2004 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 IN 11	
TITLE	PRES/SEC ☐ Delete	TITLE	☐ Change ☐ Addition
NAME	NICHOLAS SKOUGGATAKIS	NAME	
STREET ADDRESS	12358 US HWY 19	STREET ADDRESS	
CITY-ST-ZIP	HUDSON FL. 34667	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	
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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 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: [signature], Pres 4/16/2004 727-421-7578
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #

NICHOLAS A. SKOUGGATAKIS