2006 FOR PROFIT CORPORATION ANNUAL REPORT

FILED Feb 06, 2006 08:00 AM Secretary of State

DOCUMENT # P9400024478 1. Entity Name BEAVER CREEK VALLEY, INC.			•		Secretary of State					
Principal Place of Business Mailing Address				3						
2430 NW 73 PL GAINESVILLE, FL 32606-1214		2430 NW 73 PL Gainesville, FL 32653-1299) US						
Principal Place of Business 3. Maille		3. Mailing Address		<u> </u>						
E. Principal race of Bosiness		S. Walling Address			\$ \$ 6 0 3 \$ 8 0 1 \$ 8 0 1 \$	ING BUBNI BUNI BUNI BUNI			INDER IS FROM	
Sulte. Apt. #, etc.		Suite, Apt. #, etc.			01242006	Chg-P	CR2E03	4 (11/05)		
City & State		City & State			4. FEI Number 59-3241	726			oplied For	
Zip Country		Zip Count		try	5. Certificate of		П	8.75 Add	ot Applicable ditional	
}	Name and Address of Current	Registered Agent	<u> </u>	<u>-</u>	L			es Require	d	
or same and whereas at other tregistered when				7. Name and Address of New Registered Agent Name						
JOHNSON, W.G. JR				Street Address (P.O. Box Number is Not Acceptable)						
GAINESVILLE, FL 32653-1299										
}				City			FL	Zip Codi	e	
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								miliar with,	and accept	
the obligations of registered agent.										
SIGNATURE Signature, typed or printed name of registered agent and title it applicable. (NOTE: Registered Agent signature required when reinstating) DATE										
FUE NOW!! FEE 18 84K0 DO 9. Election Campaign Financing \$5.00 May Re										
After M	E NOW!!! FEE IS \$150.00 ay 1, 2006 Fee will be \$550.0	ribution,	-	.00 May Be ed to Fees						
10.	OFFICERS AND	DIRECTORS Delete	11.	-	ADDITIONS/CI	HANGES TO OFFI		DIRECTORS	S IN 11	
NAME	JOHNSON, W.G. JR.	Delete	MAM	E				Criange	CT Wantion	
STREET ADDRESS	2430 NW 73 PL GAINESVILLE, FL 326531299		,	et address • St-Zip		- U00000 - 02/16/06	421557 20043-4	ነበር ነር።	100 E	
TITLE	ST	☐ Delete	TITLE	·		טבו זפו טפייי		□ Changa	☐ Addition	
NAME	JOHNSON, DOROTHY N		NAM	E }						
STREET ADDRESS CITY-ST-ZIP	2430 NW 73 PL GAINESVILLE, FL 326531299		9	ET ADORESS } -SI-ZIP						
TITLE	VP	☐ Delete	TIFLE					☐ Change	☐ Addition	
NAME	JOHNSON, GLENN W III		NAM							
STREET ADORESS CITY-ST-2IP	2430 NW 73RD PLACE GAINESVILLE, FL 326531299 _			et address -St-Zip						
TITLE	OANTEOVICEE, 12 02000 1243	☐ Defete	TITLE					Change	☐ Addition	
NAME			NAME							
STREET ADDRESS CITY-ST-ZIP			1	et address -St-zip						
inte		☐ Delete	TITLE					☐ Change	☐ Addition	
NAME			NAME	•						
STREET ADORESS CITY-ST-ZIP				ET ADDRESS SI-ZIP						
TITLE		☐ Ocicle	TITLE					Change	Addition	
NAME STREET ADDRESS			NAME	1						
CITY-ST-ZIP				ET ADDRESS ST-ZIP						
12. Thereby of	certify that the information supplied with	this filing does not qualify fo	r the exe	mptions contained	in Chapter 119, F	Torida Statutes, I t	urther certify	that the ir	nformation	
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 report is true and accurate and that my signature shall have the same legal effect as it 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 incomposered.										