


2004 FOR PROFIT CORPORATION ANNUAL REPORT

FILED
Apr 26, 2004 8:00 am
Secretary of State

04-26-2004 90490 013 ***150.00

DOCUMENT # P94000025667		
1. Entity Name BEANE SERVICES, INC.		

Principal Place of Business POST OFFICE BOX 1939 STUART, FL 34995	Mailing Address POST OFFICE BOX 1939 STUART, FL 34995
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2. Principal Place of Business 10022 COUNTRY CARRIAGE CIR.	3. Mailing Address 10022 COUNTRY CARRIAGE CIR.
Suite, Apt. #, etc.	Suite, Apt. #, etc.

City & State RIVERVIEW, FL	City & State RIVERVIEW, FL
Zip 33569	Zip 33569
Country USA	Country USA



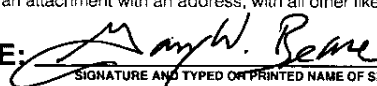
03182004 Chg-P CR2E034 (10/03)

6. Name and Address of Current Registered Agent WOOD, STEVEN J 2400 SOUTH FEDERAL HIGHWAY STE. 320 STUART, FL 34994	
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7. Name and Address of New Registered Agent 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 Signature, typed or printed name of registered agent and title if applicable.	DATE

FILE NOW!!! FEE IS \$150.00 After May 1, 2004 Fee will be \$550.00	9. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/> \$5.00 May Be Added to Fees
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10. OFFICERS AND DIRECTORS		11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	P BEANE, KAREN P 6763 S.E. RAINTREE AVE STUART, FL <input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	P BEANE, KAREN P. 10022 COUNTRY CARRIAGE CIRCLE RIVERVIEW, FL 33569 <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	VT BEANE, GARY W 6763 S.E. RAINTREE AVE STUART, FL <input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	VT BEANE, GARY W. 10022 COUNTRY CARRIAGE CIRCLE RIVERVIEW, FL 33569 <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
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TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition

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:  GARY W. BEANE	Date: 4/21/04 Daytime Phone #: 813-810-1387