2004 FOR PROFIT CORPORATION ANNUAL REPORT (AR)

DOCUMENT # P94000028221 1. Entity Name								Mar 10, 2004 08:00 AM Secretary of State				
BEARD'S ENGINE SERVICE, INC.										<b>y</b> -		
Principal Place of Business Mailing Address								1				
629 NE 3RD ST DANIA FL 33004 US				629 NE 3RD ST DANIA FL 33004 US								
						. ,						
2. Principal Place of Business				3. Mailing Address								
Suite, Apt. #, etc.				Suite, Apt. #, etc.					MOORE	CR2E034	(11/03)	
City & State				City & State			4. F	El Number 65-050233	5	<del></del>	pplied For of Applicable	
Zip	Country			Zip			Country		Dertificate of Status Desired		8.75 Add	
6. Name and Address of Current I				Registered Agent			7. Name and Address of New Registered Agent					
							Name					•
BEARD, KEVIN L 629 NE 3RD ST DANIA FL 33004						Street Address (P.O. Box Number is Not Acceptable)						
ואלו	VIA 1 E 330	U-T										No. or
							City			FL	Zip Coc	ie
	named entity s tions of register			the purp	nose of changing its	registere	ed office or registe	red age	ent, or both, in the State of F	orida. Lam f	amiliar with,	, and accept
SIGNATURE.	Signature, typed or	prated na	me of registered agent an	o nas y sbt	okcable (NOT	E Registere	d Agent signature require	d whon re	sinstating)	DATE		
FILE NOW!!! FEE IS \$150.00 After May 1, 2004 Fee will be \$550.00 Make Check Payable to Florida Department of State									Election Campaign Fi Trust Fund Contributi			)0 May Be d to Fees
10.			OFFICERS AND D	RECTO	PRS .	_ 11.		ΔĐ	DITIONS/CHANGES TO OF	FICERS AND	DIRECTOR	ISIN 11
TITLE	D	<i>(</i> 15.1			☐ Delete	1111	<b>{</b>				☐ Change	Addition
NAME STREET ADDRESS CITY -ST-ZIP	BEARD, KEV 629 NE 3RD DANIA FL 33	\$T	• :				E ET ADDRESS -ST-ZIP		U00000  -10704	083402 30037-02	25 150,	.00
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NAME STREET ADDRESS	-					NAM	et address					
CITY-ST-ZIP							-ST-ZIP			_		
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STREET ADDRESS CITY-ST-ZIP						3	-ST-ZIP					
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NAME						NAM	}					
STREET ADDRESS CITY+ST-ZIP							ET ADDRESS -ST-ZIP					
12. I hereby of indicated of the core	rporation or the	receive	er or trustee empoy	vered to	does not qualify for accurate and that execute this report for like empowered	r the exe my signa as requi	mption stated in S ture shall have the	ection same l	119.07(3)(i), Florida Statutes legal effect as if made under da Statutes; and that my nar	I further cert oath; that I a re appears in	ify that the i m an office Block 10 c	information r or director or Block 11 if

**FILED** 

SIGNATURE: KEVIN L. BEARD 3/5/04 954-646-1978
SIGNATURE AND TYPED OF PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

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