


2004 FOR PROFIT CORPORATION ANNUAL REPORT (AR)

FILED
Feb 11, 2004 8:00 am
Secretary of State

02-11-2004 90034 013 ***150.00

DOCUMENT # P94000041927
 1. Entity Name
BEACON SQUARE DEVELOPMENT CORPORATION



Principal Place of Business: **25 HOMESTEAD ROAD., SUITE 11 LEHIGH ACRES FL 33936**
 Mailing Address: **25 HOMESTEAD ROAD., SUITE 11 LEHIGH ACRES FL 33936**

2. Principal Place of Business: Suite, Apt. #, etc.
 3. Mailing Address: Suite, Apt. #, etc.

City & State

Zip Country Zip Country

4. FEI Number: **65-0504215**
 Applied For: Not Applicable:

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



MOORE CR2E034 (11/03)

6. Name and Address of Current Registered Agent
MORGAN, JOHN M
~~302 LEE BLVD.~~
~~SUITE 102~~
LEHIGH ACRES FL 33936

7. Name and Address of New Registered Agent
 Name: *Morgan, John M.*
 Street Address (P.O. Box Number is Not Acceptable): *8911 Daniels Pkwy*
Unit 6
 City: *Ft. Myers* FL Zip Code: *33912*

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: *John M. Morgan* DATE: *2-3-04*
Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating)

FILE NOW!!! FEE IS \$150.00
After May 1, 2004 Fee will be \$550.00
Make Check Payable to Florida Department of State

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

10. OFFICERS AND DIRECTORS

TITLE	P	<input type="checkbox"/> Delete
NAME	BOROSCH, EUGEN K	
STREET ADDRESS	25 HOMESTEAD RD. N. SUITE 11	
CITY-ST-ZIP	LEHIGH ACRES FL 33936	
TITLE	V	<input type="checkbox"/> Delete
NAME	BOROSCH, CONCEPCION M	
STREET ADDRESS	25 HOMESTEAD RD. N. SUITE 11	
CITY-ST-ZIP	LEHIGH ACRES FL 33936	
TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Delete
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CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
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TITLE		<input type="checkbox"/> Change <input type="checkbox"/> 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: *Concepcion A. Brosch* DATE: *1/23/04* DAYTIME PHONE #: *239-368-6080*
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR