

2007 FOR PROFIT CORPORATION ANNUAL REPORT

FILED
Apr 23, 2007 8:00 am
Secretary of State

04-23-2007 90094 040 ***150.00

DOCUMENT # P95000041948

1. Entity Name
BEACON ENTERPRISES OF NEW SMYRNA BEACH, INC.



Principal Place of Business
416 FLAGLER AVE.
NEW SMYRNA BEACH, FL 32169

Mailing Address
416 FLAGLER AVE.
NEW SMYRNA BEACH, FL 32169

400000



2. Principal Place of Business - No P.O. Box #

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

04192007 Chg-P CR2E034 (12/06)

City & State

City & State

4. FEI Number
59-3319938

Applied For
Not Applicable

Zip

Country

Zip

Country

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

6. Name and Address of Current Registered Agent

KOTSONIS, JOHN
416 FLAGLER AVE.
NEW SMYRNA BEACH, FL 32169

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

(NOTE: Registered Agent signature required when reinstating)

DATE

FILE NOW!!! FEE IS \$150.00
After May 1, 2007 Fee will be \$550.00

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

10. OFFICERS AND DIRECTORS

TITLE	PSD	<input type="checkbox"/> Delete
NAME	KOTSONIS, JOHN	
STREET ADDRESS	653 GOODWIN AVE	
CITY-ST-ZIP	NEW SMYRNA BEACH, FL 32169	
TITLE	V	<input type="checkbox"/> Delete
NAME	KOTSONIS, DIMITRA	
STREET ADDRESS	653 GOODWIN AVE	
CITY-ST-ZIP	NEW SMYRNA BEACH, FL 32169	
TITLE	T	<input type="checkbox"/> Delete
NAME	KOTSONIS, DEMO	
STREET ADDRESS	653 GOODWIN AVE	
CITY-ST-ZIP	NEW SMYRNA BEACH, FL 32169	
TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
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 checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS	205 OAK LN	
CITY-ST-ZIP	New Smyrna Beach FL	32168
TITLE		<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS	205 OAK LN	
CITY-ST-ZIP	New Smyrna Bch FL	32168
TITLE		<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS	205 OAK LN	
CITY-ST-ZIP	New Smyrna Bch FL	32168
TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
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 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 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: Dimitra Kotsonis 4-17-07 3864288332
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #