

# 2004 FOR PROFIT CORPORATION ANNUAL REPORT

**FILED**  
**Jan 20, 2004 8:00 am**  
**Secretary of State**

01-20-2004 90077 034 \*\*\*150.00

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01082004 Chg-P CR2E034 (10/03)

<b>DOCUMENT # P95000083171</b> 1. Entity Name <b>BEACON REALTY, INC.</b>					
Principal Place of Business 810 8TH AVE. W. PALMETTO, FL 34221		Mailing Address 810 8TH AVE. W. PALMETTO, FL 34221 US			
2. Principal Place of Business Suite, Apt. #, etc.		3. Mailing Address Suite, Apt. #, etc.			
City & State		City & State			
Zip	Country	Zip	Country	4. FEI Number <b>65-0585684</b>	
5. Certificate of Status Desired <input type="checkbox"/>				Applied For Not Applicable	
6. Name and Address of Current Registered Agent  <b>FACH, ERIC C</b> <b>810 8TH AVE W</b> <b>PALMETTO, FL 34221</b>				7. Name and Address of New Registered Agent Name <b>ERIC C ALLEN</b> Street Address (P.O. Box Number is Not Acceptable)  City <b>FL</b> 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 <small>Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when re-registering)</small>					
<b>FILE NOW!!! FEE IS \$150.00</b> <b>After May 1, 2004 Fee will be \$550.00</b>		9. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/> <b>\$5.00 May Be</b> Added to Fees			
10. OFFICERS AND DIRECTORS			11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11		
TITLE NAME STREET ADDRESS CITY-ST-ZIP	STD FACH, ERIC C 810 8TH AVE N PALMETTO, FL 34221	<input type="checkbox"/> Delete			
TITLE NAME STREET ADDRESS CITY-ST-ZIP	SDPTS ERIC C. ALLEN	<input type="checkbox"/> Change <input type="checkbox"/> Addition			
TITLE NAME STREET ADDRESS CITY-ST-ZIP	ERIC C FACH	<input type="checkbox"/> Addition			
TITLE NAME STREET ADDRESS CITY-ST-ZIP	LEGALLY CHANGED HIS NAME TO	<input type="checkbox"/> Addition			
TITLE NAME STREET ADDRESS CITY-ST-ZIP	ERIC C ALLEN	<input type="checkbox"/> Addition			
TITLE NAME STREET ADDRESS CITY-ST-ZIP	ERIC C ALLEN	<input type="checkbox"/> Addition			
TITLE NAME STREET ADDRESS CITY-ST-ZIP	ERIC C ALLEN	<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: <span style="float: right;">1/16/04</span> <small>SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR</small>					