


2005 FOR PROFIT CORPORATION ANNUAL REPORT

FILED
Jan 14, 2005 8:00 am
Secretary of State

01-14-2005 90006 011 ***150.00

DOCUMENT # P95000083171	
1. Entity Name BEACON REALTY, INC.	

Principal Place of Business 810 8TH AVE. W. PALMETTO, FL 34221	Mailing Address 810 8TH AVE. W. PALMETTO, FL 34221 US
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50002540



2. Principal Place of Business 7 Bellaire Dr	3. Mailing Address 7 Bellaire Dr
Suite, Apt. #, etc.	Suite, Apt. #, etc.

01062005 Chg-P CR2E034 (10/03)

City & State Palm Coast FL	City & State Palm Coast FL
Zip 32137	Country USA
Zip 32137	Country USA

4. FEI Number
65-0585684

Applied For
Not Applicable

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

6. Name and Address of Current Registered Agent ALLEN, ERIC C 810 8TH AVE W PALMETTO, FL 34221	
7. Name and Address of New Registered Agent Name Street Address (P.O. Box Number is Not Acceptable) 7 Bellaire Dr City Palm Coast FL Zip Code 32137	

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 _____ (NOTE: Registered Agent Signature required when reinstating) DATE _____

**FILE NOW!!! FEE IS \$150.00
After May 1, 2005 Fee will be \$550.00**

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

10. OFFICERS AND DIRECTORS		11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	PTSD ALLEN, ERIC C 810 8TH AVE N PALMETTO, FL 34221 <input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	7 Bellaire Dr Palm Coast FL 32137 <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:  **1/12/05** **386-447-4540**
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #