2005 FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT # P95000083228

1. Entity Name BECK & BARRIOS, P.A.



FILED Mar 16, 2005 08:00 AM Secretary of State

Principal Place of Business Mailing Address 2846-A REMINGTON GREEN CIRCLE TALLAHASSEE, FL 32308				01042005 No Chg-P CR2E034 (10/03) 4. FEI Number			
	6. Name and Address of Current Re	nistered Ament	·		· · · · · · · · · · · · · · · · · · ·	Fee Requ	uired
2846-A RE	J. VICTOR MINGTON GREEN CIRCLE SSEE, FL 32308	DO NOT WRITE IN THIS SPACE					
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: hyped or printed name of registered agent and title if applicable. (NOTE, Registered Agent signature required when rehistating) DATE							
FIL	E NOW!!! FEE IS \$150.00 ay 1, 2005 Fee will be \$550.00		00 May Be ad to Fees	U00000 03/16/05-)265323 -80050-024	150.00	
10.	OFFICERS AND DI	RECTORS J]			2	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	P BECK, JOHN H 2846 A REMINGTON GREEN CIRC TALLAHASSEE, FL 32308	OLE					
TITLE NAME STREET ADDRESS CITY-ST-ZIP	VP BARRIOS, J V 2846 A REMINGTON GREEN CIRC TALLAHASSEE, FL 32308	CLE					
TITLE NAME STREET ADDRESS CITY-ST-ZIP				DO	NOT W	RITE	4-1-1-1-1-1-1-1-1-1-1-1-1-1-1-1-1-1-1-1
TITLE NAME STREET ADDRESS CITY-ST-ZIP				IN	THIS SP	ACE	-
TITLE NAME STREET ADDRESS CITY+ST-ZIP						 -	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	entify that the information supplied with the	in filing does not qualify for the age	mation stated in So	clion 119 07/20	(i) Florida Statutan I	further certify that the	pe information

Indicated on this report or supplied with this filter goes not quality for the exemption stated in Section 119.07(3)(i), Florida Statutes 11 urther 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 eath, 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: _

LE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Daytime Phone #