


**2005 FOR PROFIT CORPORATION
ANNUAL REPORT**

FILED
Apr 02, 2005 08:00 AM
Secretary of State

DOCUMENT # P96000030672
1. Entity Name
BEACHAM PUBLISHING CORPORATION



Principal Place of Business: 1416 CASEY KEY ROAD, NOKOMIS, FL 34275 US
Mailing Address: PO BOX 1810, NOKOMIS, FL 34274-1810 US

DO NOT WRITE IN THIS SPACE



03272005 No Chg-P CR2E034 (10/03)

4. FEI Number: 65-0661239 Applied For: Not Applicable
5. Certificate of Status Desired: \$8.75 Additional Fee Required

6. Name and Address of Current Registered Agent
PATTERSON, JOHN
46 N WASHINGTON BOULEVARD #1
SARASOTA, FL 34236

**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: _____ (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

TITLE	DPT
NAME	BEACHAM, E. WALTON
STREET ADDRESS	1416 CASEY KEY ROAD
CITY - ST - ZIP	NOKOMIS, FL 34275
TITLE	DVPS
NAME	BEACHAM, DEBORAH
STREET ADDRESS	1416 CASEY KEY ROAD
CITY - ST - ZIP	NOKOMIS, FL 34275
TITLE	
NAME	
STREET ADDRESS	
CITY - ST - ZIP	
TITLE	
NAME	
STREET ADDRESS	
CITY - ST - ZIP	
TITLE	
NAME	
STREET ADDRESS	
CITY - ST - ZIP	

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IN THIS SPACE**

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: Deborah M Beacham Deborah M Beacham 3/30/05 941.480.9644
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Day/Time Phone #