

2004 FOR PROFIT CORPORATION ANNUAL REPORT

FILED
Apr 16, 2004 8:00 am
Secretary of State

04-16-2004 90045 007 ***150.00

DOCUMENT # P96000063610	
1. Entity Name A BEKA BOOK, INC.	

Principal Place of Business 250 BRENT LANE PENSACOLA, FL 32503	Mailing Address BOX 19100 PENSACOLA, FL 32523-9100 US
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14003344

2. Principal Place of Business		3. Mailing Address	
Suite, Apt. #, etc.		Suite, Apt. #, etc.	
City & State		City & State	
Zip	Country	Zip	Country

04072004 Chg-P CR2E034 (10/03)	
4. FEI Number 59-3391229	Applied For Not Applicable
5. Certificate of Status Desired ☐ \$8.75 Additional Fee Required	

6. Name and Address of Current Registered Agent	
HORTON, ARLIN R DR 250 BRENT LANE PENSACOLA, FL 32503	

7. Name and Address of New Registered Agent	
Name	
Street Address (P.O. Box Number is Not Acceptable)	
City	
FL	Zip Code

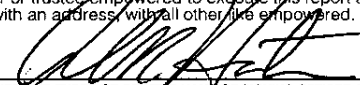
8. The above named entity submits this statement for the purpose of changing its registered office or registered agent, or both, in the State of Florida. I am familiar with, and accept the obligations of registered agent.	
SIGNATURE	DATE
(NOTE: Registered Agent signature required when reinstating)	

FILE NOW!!! FEE IS \$150.00 After May 1, 2004 Fee will be \$550.00	9. Election Campaign Financing Trust Fund Contribution. ☐ \$5.00 May Be Added to Fees
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10. OFFICERS AND DIRECTORS	
TITLE	☐ Delete
NAME	HORTON, ARLIN R DR
STREET ADDRESS	250 BRENT LANE
CITY-ST-ZIP	PENSACOLA, FL 32503
TITLE	☐ Delete
NAME	HORTON, DR. REBEKAH
STREET ADDRESS	250 BRENT LANE
CITY-ST-ZIP	PENSACOLA, FL 32503
TITLE	☐ Delete
NAME	BEEMER, MATTHEW A
STREET ADDRESS	2548 SOUTHERN OAKS DRIVE
CITY-ST-ZIP	CANTONMENT, FL 32533
TITLE	☐ Delete
NAME	MULLENIX, JOEL
STREET ADDRESS	3236 WINDMILL CIRCLE
CITY-ST-ZIP	CANTONMENT, FL 32533
TITLE	☐ Delete
NAME	
STREET ADDRESS	
CITY-ST-ZIP	
TITLE	☐ Delete
NAME	
STREET ADDRESS	
CITY-ST-ZIP	

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11	
TITLE	☐ Change ☐ Addition
NAME	
STREET ADDRESS	
CITY-ST-ZIP	
TITLE	☐ Change ☐ Addition
NAME	
STREET ADDRESS	
CITY-ST-ZIP	
TITLE	☐ Change ☐ Addition
NAME	
STREET ADDRESS	
CITY-ST-ZIP	
TITLE	☐ Change ☐ Addition
NAME	
STREET ADDRESS	
CITY-ST-ZIP	

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.	
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SIGNATURE: 	ARLIN R. HORTON	4-8-04	(850) 478-8480
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR		Date	Daytime Phone #