


2005 FOR PROFIT CORPORATION ANNUAL REPORT (AR)

FILED
Feb 07, 2005 8:00 am
Secretary of State

02-07-2005 90071 021 ***150.00

DOCUMENT # P96000079789		
1. Entity Name BEACHWALKER FARMS, INC.		
Principal Place of Business 16405 W HWY 326 MORRISTON FL 32668 US	Mailing Address 16405 W HWY 326 MORRISTON FL 32668 US	

10014000



1st MOORE CR2E034 (10/04)

2. Principal Place of Business 8300 S ROCK POINT Suite, Apt. #, etc.	3. Mailing Address 8300 S ROCK POINT Suite, Apt. #, etc.
City & State FLORAL CITY FL Zip 34436 Country USA	City & State FLORAL CITY FL Zip 34436 Country USA

4. FEI Number 59-3417177	Applied For <input type="checkbox"/> Not Applicable
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5. Certificate of Status Desired <input type="checkbox"/>	\$8.75 Additional Fee Required
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6. Name and Address of Current Registered Agent FELDEN, CHRISTIAN B 2590 GOLDEN GATE PARKWAY SUITE 101 NAPLES FL 33942	
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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 <i>Jerry W. Beachler</i>	DATE 1/27/05

FILE NOW!!! FEE IS \$150.00 After May 1, 2005 Fee Will Be \$550.00 Make Check Payable to Florida Department of State	9. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/> \$5.00 May Be Added to Fees
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10. OFFICERS AND DIRECTORS		11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D BEACHLER, JERRY 16405 W HWY 326 MORRISTON FL 32668 <input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	BEACHLER, JERRY <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition 8300 S ROCK POINT FLORAL CITY FL 34436
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D BEACHLER, ROSALIE A 16405 W HWY 326 MORRISTON FL 32268 <input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	BEACHLER, ROSALIE A. <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition 8300 S ROCK POINT FLORAL CITY FL 34436
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
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
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
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: <i>Jerry W. Beachler</i>	DATE 1/27/05 DAYTIME PHONE # 352-637-1404