2006 FOR PROFIT CORPORATION

Feb 03, 2006 08:00 AM

	ANNUAL R	EPORT			ecretary of Sta	o i kii
DOCUMENT # P97000026559					ecretary of Sta	ne
BEALS CARPET SERVICE, INC.						
	· · · · · · · · · · · · · · · · · · ·	1				
Principal Plac 9323 LEM To		lailing Address 9323 LEM TURNER RD		}		
	.E. FL 32208	ACKSONVILLE, FL 32208				
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				01102006 No C	hg-P CR2E034 (11/05)	
	O NOT WRITE I	n this spa	CE	4. FEI Number	- · · · · · · · · · · · · · · · · · · ·	plied For
1		,		59-3446158	eg 75	Applicable
		:		5. Certificate of Status	Desired Fee Required	
	6. Name and Address of Current Regis	stered Agent	_	.·		
	ENNETH D TURNER RD.	,		DO NO	T WRITE	
JAX, FL 3		•		IN THIS	SPACE	٠
		1				
8. The above	named entity submits this statement for the	ourpose of changing its regist	ered office or register	ed agent, or both, in the 5	itate of Florida. 1 am familiar with, a	and accept
the obligat	ions of registered agent.		-			,
SIGNATURE.	Signature, typed or printed name of registered agent and title	if epplicable (NOTE. Registr	ered Agent signature require	s when retristating)	DATE	
EII	E NOWIN FEE IS \$150.00	9. Election Campaign Fin	ancing \$5	.00 May Be		
After M	ay 1, 2006 Fee will be \$550.00	Trust Fund Contribution	n. 🛭 Add	ed to Fees		
10.	OFFICERS AND DIRE	CTORS ;)	_			
MAME NAME	PCS BEALS, KENNETH D	:	1			
STREET ADDRESS CITY-ST-ZIP	2420 EVERNIA RD. JAX, FL 32211	(, ,				
THE	VPT		-{		•	
NAME STREET ADDRESS	BEALS, KENNETH A	. !		i	mnoma i 454t	
CITY-ST-ZIP	JAX, FL 32218			02/	/000000419581 (5/06-80013-010 15	0.00
TITLE			1			
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TITLE NAME		1		IN THIS	SPACE	
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NAME STREET ADDRESS		1	1			
CITY-ST-ZIP		i	_}			
TIFLE NAME		1		• •		
STREET ADDRESS	·	Ì	ł	*		

12. I hereby certify that the information supplied with this filing does not qualify for the exemptions contained in Chapter 119, 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 attachaged with an address, with all other like empowered.

CHTY-ST-ZIP

SIGNATURE: SIGNATURE AND TYPED OF PRINTED NAME OF SIGNING OFFICER OA DIRECTOR