


**2007 FOR PROFIT CORPORATION  
ANNUAL REPORT**

**FILED**  
**May 08, 2007 8:00 am**  
**Secretary of State**

05-08-2007 90007 029 \*\*\*150.00

DOCUMENT # P97000108014

1. Entity Name  
BECK SERVICE CORP.




Principal Place of Business  
513 CAMELIA STREET  
PANAMA CITY, FL 32413 US

Mailing Address  
P.O. BOX 8644  
SOUTHPORT, FL 32409-8684 US

**DO NOT WRITE IN THIS SPACE**

40101011



04252007 No Chg-P CR2E034 (11/05)

4. FEI Number  
59-3487843

Applied For  
Not Applicable

5. Certificate of Status Desired  \$8.75 Additional Fee Required

6. Name and Address of Current Registered Agent

SIMERSON, SHELIA A  
513 CAMELIA STREET  
PANAMA CITY BEACH, FL 32409

**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 Shelia A Simerson DATE 4-25-07

Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating)

**FILE NOW!!! FEE IS \$150.00**  
**After May 1, 2007 Fee will be \$550.00**

9. Election Campaign Financing Trust Fund Contribution:  \$5.00 May Be Added to Fees

10. OFFICERS AND DIRECTORS

TITLE	PTSD
NAME	YOUNG, SARAH BECK
STREET ADDRESS	513 CAMELIA STREET
CITY-ST-ZIP	PANAMA CITY BEACH, FL 32413
TITLE	VP
NAME	BECK-SIMERSON, SHELIA ANN
STREET ADDRESS	513 CAMELIA STREET
CITY-ST-ZIP	PANAMA CITY BEACH, FL 32413
TITLE	Ron Francis Secretary
NAME	P.O. Box 7062
STREET ADDRESS	Panama City FL 32413
CITY-ST-ZIP	
TITLE	Destiny Young - Treas.
NAME	513 Camelia St
STREET ADDRESS	PC FL 32413
CITY-ST-ZIP	
TITLE	
NAME	
STREET ADDRESS	
CITY-ST-ZIP	
TITLE	
NAME	
STREET ADDRESS	
CITY-ST-ZIP	

**DO NOT WRITE IN THIS SPACE**

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 attachment with an address, with all other like empowered.

SIGNATURE: Sarah Young Sarah Young DATE 4-25-07

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date Daytime Phone #