

2004 FOR PROFIT CORPORATION ANNUAL REPORT (AR)

FILED
Mar 03, 2004 8:00 am
Secretary of State

03-03-2004 90002 036 ***150.00

DOCUMENT # P98000047869

1. Entity Name

MICHAEL BEEBE & ASSOCIATES, INC.



Principal Place of Business

**3770 CREEK HOLLOW LANE
MIDDLEBURG FL 32068**

Mailing Address

**3770 CREEK HOLLOW LANE
MIDDLEBURG FL 32068**

54014215



MOORE

CR2E034 (11/03)

2. Principal Place of Business

138 PALM COAST PARKWAY NE

Suite, Apt. #, etc.

#128

City & State

PALM COAST, FL

Zip

32137

Country

USA

3. Mailing Address

138 PALM COAST PARKWAY NE

Suite, Apt. #, etc.

#128

City & State

PALM COAST, FL

Zip

32137

Country

USA

4. FEI Number

59-3513775

Applied For

Not Applicable

5. Certificate of Status Desired

☐

**\$8.75 Additional
Fee Required**

6. Name and Address of Current Registered Agent

**WATSON, TODD
7785 BAYMEADOWS WAY, SUITE 107
JACKSONVILLE FL 32257**

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

Signature, typed or printed name of registered agent and title if applicable.

(NOTE: Registered Agent signature required when reinstating)

DATE

FILE NOW!!! FEE IS \$150.00

After May 1, 2004 Fee will be \$550.00

Make Check Payable to Florida Department of State

**9. Election Campaign Financing
Trust Fund Contribution.**

☐

**\$5.00 May Be
Added to Fees**

10. OFFICERS AND DIRECTORS

TITLE	D	☒ Delete
NAME	BEEBE, MICHAEL	
STREET ADDRESS	3770 CREEK HOLLOW LANE	
CITY-ST-ZIP	MIDDLEBURG FL 32068	
TITLE		☐ Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		☐ Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
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	PRESIDENT	☒ Change ☐ Addition
NAME	MICHAEL BEEBE	
STREET ADDRESS	138 PALM COAST PARKWAY NE, #128	
CITY-ST-ZIP	PALM COAST, FL 32137	
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.

SIGNATURE:

Michael Beebe, PRESIDENT

3.24.04

386 931.1202

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #