


# 2004 FOR PROFIT CORPORATION ANNUAL REPORT

**FILED**  
**Apr 28, 2004 8:00 am**  
**Secretary of State**

04-28-2004 90219 044 \*\*\*150.00

<b>DOCUMENT # P99000005892</b> 1. Entity Name <b>BECKMAR CONSTRUCTION SERVICES, INC.</b>					
Principal Place of Business <b>1267 ADIRONDACK CT APOPKA, FL 32712</b>			Mailing Address <b>1267 ADIRONDACK CT APOPKA, FL 32712</b>		
2. Principal Place of Business <b>1018 TOMPKINS DR.</b> Suite, Apt. #, etc.		3. Mailing Address <b>1018 TOMPKINS DR.</b> Suite, Apt. #, etc.			
City & State <b>PORT ORANGE, FL</b>		City & State <b>PORT ORANGE, FL</b>		4. FEI Number <b>59-3550386</b>	
Zip <b>32129</b>		Country <b>FLORIDA</b>		5. Certificate of Status Desired <input type="checkbox"/> <b>\$8.75 Additional Fee Required</b>	
6. Name and Address of Current Registered Agent  <b>TURCO, RONALD S 6015 TRAILWOOD DRIVE PORT ORANGE, FL 32127</b>			7. Name and Address of New Registered Agent Name <b>RONALD S. TURCO</b> Street Address (P.O. Box Number is Not Acceptable) <b>1018 TOMPKINS DR.</b> City <b>PORT ORANGE, FL</b> Zip Code <b>32129</b>		
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: <u><i>Ronald S. Turco</i></u> <b>RONALD S. TURCO</b> DATE: <b>4/24/04</b> <small>Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating)</small>					
<b>FILE NOW!!! FEE IS \$150.00 After May 1, 2004 Fee will be \$550.00</b>			9. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/> <b>\$5.00 May Be Added to Fees</b>		
10. OFFICERS AND DIRECTORS			11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11		
TITLE NAME STREET ADDRESS CITY-ST-ZIP	P TURCO, RONALD S 1267 ADIRONDACK CT APOPKA, FL 32712	<input type="checkbox"/> Delete			
TITLE NAME STREET ADDRESS CITY-ST-ZIP	PRESIDENT RONALD S. TURCO 1018 TOMPKINS DR. PORT ORANGE, FL 32129	<input type="checkbox"/> Change <input type="checkbox"/> Addition			
TITLE NAME STREET ADDRESS CITY-ST-ZIP	[Blank]	<input type="checkbox"/> Change <input type="checkbox"/> Addition			
TITLE NAME STREET ADDRESS CITY-ST-ZIP	[Blank]	<input type="checkbox"/> Change <input type="checkbox"/> Addition			
TITLE NAME STREET ADDRESS CITY-ST-ZIP	[Blank]	<input type="checkbox"/> Change <input type="checkbox"/> Addition			
TITLE NAME STREET ADDRESS CITY-ST-ZIP	[Blank]	<input type="checkbox"/> Change <input type="checkbox"/> Addition			
TITLE NAME STREET ADDRESS CITY-ST-ZIP	[Blank]	<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: <u><i>Ronald S. Turco</i></u> <b>RONALD S. TURCO</b> DATE: <b>4/24/04</b> (386) 212-2830 <small>SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Daytime Phone #</small>					