## **2004 FOR PROFIT CORPORATION**

## **ANNUAL REPORT** DOCUMENT # P99000006845

1. Entity Name

TITLE NAME STREET ADDRESS CITY-ST-ZIP HILE NAME STREET ADDRESS CITY-ST-ZIP

BECKEMEIER & SMITH CONSULTING SERVICES, INC.



01192004

**FILED** Mar 02, 2004 08:00 AM Secretary of State

CR2E034 (10/03)

Principal Place of Business

928 GULF VIEW BLVD DUNEDIN, FL 34698 Mailing Address

PO BOX 835

DUNEDIN, FL 34697-0835



No Chg-P

DO NOT WRITE IN THIS SPAC				4. FEI Number Applied For 59-3553479 Not Applied be Status Desired \$8.75 Additional Fee Required			
	<ol><li>Name and Address of Current Regis</li></ol>	tered Agent					_
SPIEGEL & UTRERA, P.A. 343 ALMERIA AVENUE CORAL GABLES, FL 33134			DO NOT WRITE IN THIS SPACE				
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 proted name of registered agent and Me & applicable. (NOTE, Registered Agent agen							
FILE NOW!!! FEE IS \$150.00 After May 1, 2004 Fee will be \$550.00  9. Election Campaign Finance Trust Fund Contribution.			cing	\$5.00 May Be Added to Fees	U00000074054 03/03/04-80002-016 150.00		
10. OFFICERS AND DIRECTORS							
NAME STREET ADDRESS CITY-ST-ZIP	P BECKEMEIER-SMITH, HEIDI 928 GULF VIEW BLVD DUNEDIN, FL 34698						
TITLE NAME STREET ADDRESS CITY-ST-ZIP	T SMITH, ROBERT B 928 GULF VIEW BLVD DUNEDIN, FL 34698			·		·	
TITLE NAME STREET ADDRESS CITY-ST-ZIP			DO NOT WRITE				
THE NAME STREET ADDRESS CITY-SI-ZIP				IN .	THIS SPA	CE	

12. I horeby 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 efficer 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.

7336283 GNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR