


**2005 FOR PROFIT CORPORATION ANNUAL REPORT**

**FILED**  
**Apr 29, 2005 8:00 am**  
**Secretary of State**

04-29-2005 90267 044 \*\*\*150.00

DOCUMENT # P99000049297					
1. Entity Name KRYSTAL S. BEAUCHAMP, P.A.					
Principal Place of Business 80 CULLMAN AVE SEAGROVE BCH, FL 32459		Mailing Address 80 CULLMAN AVE SEAGROVE BCH, FL 32459			
2. Principal Place of Business		3. Mailing Address			
Suite, Apt. #, etc.		Suite, Apt. #, etc.			
City & State		City & State		4. FEI Number 59-3593848	
Zip		Country		5. Certificate of Status Desired <input type="checkbox"/> \$8.75 Additional Fee Required	
6. Name and Address of Current Registered Agent FRANKLIN H. WATSON, P.A. 5365 E. HWY. 30-A, SUITE 105 SEAGROVE BCH, FL 32459			7. Name and Address of New Registered Agent		
Name			Street Address (P.O. Box Number is Not Acceptable)		
City			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 _____ (NOTE: Registered Agent signature required when re-registering) _____ DATE _____					
<b>FILE NOW!!! FEE IS \$150.00</b> <b>After May 1, 2005 Fee will be \$550.00</b>		9. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/>		<b>\$5.00</b> May Be Added to Fees	
10. OFFICERS AND DIRECTORS			11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11		
TITLE	PS	<input type="checkbox"/> Delete	TITLE	PS	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	BEAUCHAMP, KRYSTAL S		NAME	Beauchamp, Krystal S	
STREET ADDRESS	80 CULLMAN AVE		STREET ADDRESS	665 Western Lake Dr	
CITY-ST-ZIP	SEAGROVE BCH, FL 32459		CITY-ST-ZIP	Santa Rosa Beach FL 32459	
TITLE		<input type="checkbox"/> Delete	TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME			NAME		
STREET ADDRESS			STREET ADDRESS		
CITY-ST-ZIP			CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Delete	TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME			NAME		
STREET ADDRESS			STREET ADDRESS		
CITY-ST-ZIP			CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Delete	TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME			NAME		
STREET ADDRESS			STREET ADDRESS		
CITY-ST-ZIP			CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Delete	TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME			NAME		
STREET ADDRESS			STREET ADDRESS		
CITY-ST-ZIP			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: <i>Krystal S. Beauchamp</i>		KRYSTAL S BEAUCHAMP		2-14-05 850-814-8287	
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR		Date		Daytime Phone #	