


# 2006 FOR PROFIT CORPORATION ANNUAL REPORT

**FILED**  
**Apr 07, 2006 8:00 am**  
**Secretary of State**

04-07-2006 90016 049 \*\*\*150.00

<b>DOCUMENT # P99000049297</b>	
1. Entity Name <b>KRYSTAL S. BEAUCHAMP, P.A.</b>	

Principal Place of Business <b>80 CULLMAN AVE SEAGROVE BCH, FL 32459</b>	Mailing Address <b>80 CULLMAN AVE SEAGROVE BCH, FL 32459</b>
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2. Principal Place of Business <b>665 Western Lake Dr.</b> Suite, Apt. #, etc.	3. Mailing Address <b>665 Western Lake Dr.</b> Suite, Apt. #, etc.
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City & State <b>Santa Rosa Beach FL</b>	City & State <b>Santa Rosa Beach FL</b>
Zip <b>32459</b>	Zip <b>32459</b>
Country <b>USA</b>	Country <b>USA</b>

6. Name and Address of Current Registered Agent <b>FRANKLIN H. WATSON, P.A. 5365 E. HWY. 30-A, SUITE 105 SEAGROVE BCH, FL 32459</b>	
7. Name and Address of New Registered Agent Name Street Address (P.O. Box Number is Not Acceptable) City <b>FL</b> 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 reissuing) DATE \_\_\_\_\_

<b>FILE NOW!!! FEE IS \$150.00 After May 1, 2006 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
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10. OFFICERS AND DIRECTORS		11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	PS BEAUCHAMP, KRYSTAL S 665 WESTERN LAKE DR SANTA ROSA BEACH, FL 32459 <input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
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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: Krystal Beauchamp 4/4/06 850-814-8287  
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #