


2006 FOR PROFIT CORPORATION ANNUAL REPORT

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

04-07-2006 90016 049 ***150.00

DOCUMENT # P99000049297

1. Entity Name
KRYSTAL S. BEAUCHAMP, P.A.



Principal Place of Business Mailing Address

80 CULLMAN AVE 80 CULLMAN AVE
 SEAGROVE BCH, FL 32459 SEAGROVE BCH, FL 32459

2. Principal Place of Business 3. Mailing Address

665 Western Lake Dr. *665 Western Lake Dr.*
 Suite, Apt. #, etc. Suite, Apt. #, etc.

City & State City & State

Santa Rosa Beach FL *Santa Rosa Beach FL*

Zip Country Zip Country

32459 *USA* *32459* *USA*



04052006 Chg-P CR2E034 (11/05)

4. FEI Number Applied For

59-3593848 Not Applicable

5. Certificate of Status Desired \$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 **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 _____ (NOTE: Registered Agent signature required when reissuing) DATE _____

FILE NOW!!! FEE IS \$150.00
After May 1, 2006 Fee will be \$550.00

9. Election Campaign Financing Trust Fund Contribution. \$5.00 May Be Added to Fees

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 #