

**2004 FOR PROFIT CORPORATION
ANNUAL REPORT**

FILED
Feb 28, 2004 08:00 AM
Secretary of State

DOCUMENT # S34378

1. Entity Name
PROFILE INTERNATIONAL PUBLISHING COMPANY



Principal Place of Business
**3746 48 E OCEAN BLVD
HARBOUR BAY PLAZA
STUART, FL 34996 US**

Mailing Address
**3746 48 E OCEAN
HARBOUR BAY PLAZA
STUART, FL 34996 US**



02252004 No Chg-P CR2E034 (10/03)

DO NOT WRITE IN THIS SPACE

4. FBI Number
65-0248075

Applied For
Not Applicable

5. Certificate of Status Desired ☐ **\$8.75 Additional
Fee Required**

6. Name and Address of Current Registered Agent

**BEAUCHAMP, STANLEY
3746-48 E. OCEAN BLVD.
HARBOUR BAY PLAZA
STUART, FL 34996**

**DO NOT WRITE
IN THIS SPACE**

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

Signature, typed or printed name of registered agent and title if applicable.

(NOTE: Registered Agent signature required when reinstating)

DATE

**FILE NOW!!! FEE IS \$150.00
After May 1, 2004 Fee will be \$550.00**

9. Election Campaign Financing
Trust Fund Contribution. ☐

**\$5.00 May Be
Added to Fees**

10. OFFICERS AND DIRECTORS

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
**D
BEAUCHAMP, STANLEY
3746 48 E OCEAN BLVD
STUART, FL 34496**

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
**D
BEAUCHAMP, MARTIN
3746 48 E OCEAN BLVD
STUART, FL 34996**

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
**D
BEAUCHAMP, SIMON
3746 48 E OCEAN BLVD
STUART, FL 34996**

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
**D
NEAL, BYRON
3746 48 E OCEAN BLVD
STUART, FL 34996**

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP

U000000070306
03/01/04-80038-006 150.00

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IN THIS SPACE**

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 to this address, with all other like empowered.

SIGNATURE:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #