

**2004 FOR PROFIT CORPORATION
ANNUAL REPORT**

FILED
Jan 21, 2004 08:00 AM
Secretary of State

DOCUMENT # S63925		
1. Entity Name BEALE BROTHERS HOLDING CO.		
Principal Place of Business 1544 SAN MATEO JACKSONVILLE, FL 32207		Mailing Address 1544 SAN MATEO JACKSONVILLE, FL 32207
DO NOT WRITE IN THIS SPACE		
6. Name and Address of Current Registered Agent BEALE, ROGER A. 1544 SAN MATEO JACKSONVILLE, FL 32207		01202004 No Chg-P CR2E034 (10/03)
		4. FEI Number 59-3076310
		5. Certificate of Status Desired <input type="checkbox"/> \$8.75 Additional Fee Required
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 _____ (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. <input type="checkbox"/> \$5.00 May Be Added to Fees
10. OFFICERS AND DIRECTORS		
TITLE NAME STREET ADDRESS CITY - ST - ZIP	D BEALE, ROGER A 1544 SAN MATEO JACKSONVILLE, FL	
TITLE NAME STREET ADDRESS CITY - ST - ZIP	D BEALE, JOHN P 1544 SAN MATEO JACKSONVILLE, FL	
TITLE NAME STREET ADDRESS CITY - ST - ZIP		
TITLE NAME STREET ADDRESS CITY - ST - ZIP		
TITLE NAME STREET ADDRESS CITY - ST - ZIP		
TITLE NAME STREET ADDRESS 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 <u>John P. Beale</u> 120-04 904-399-0508 SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #		