

**2006 FOR PROFIT CORPORATION
ANNUAL REPORT**

FILED
May 30, 2006 08:00 AM
Secretary of State

DOCUMENT # V20190

1. Entity Name
KATHRYN M. BEAMER, P.A.



Principal Place of Business

**1675 PALM BCH LAKES BLVD
700**

WEST PALM BEACH, FL 33401 US

Mailing Address

**1675 PALM BEACH LAKES BLVD
700**

WEST PALM BEACH, FL 33401 US

DO NOT WRITE IN THIS SPACE



04272006 No Chg-P CRZE034 (11/05)

4. FEI Number
65-0316048

Applied For
Not Applicable

5. Certificate of Status Desired ☐

\$8.75 Additional
Fee Required

6. Name and Address of Current Registered Agent

**BEAMER, KATHRYN M.
1675 PALM BEACH LAKES BLVD
STE 700
WEST PALM BEACH, FL 33401**

**DO NOT WRITE
IN THIS SPACE**

6. 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 reappointing)

DATE

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

8. Election Campaign Financing
Trust Fund Contribution. ☐

\$5.00 May Be
Added to Fees

10. OFFICERS AND DIRECTORS

TITLE **D**
NAME **BEAMER, KATHRYN M.**
STREET ADDRESS **1675 PALM BEACH LAKES BLVD, STE 700**
CITY-ST-ZIP **WEST PALM BEACH, FL**

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U00000586286
05/30/06-30003-021 150.00

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IN THIS SPACE**

12. I hereby certify that the information supplied with this filing does not qualify for the 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:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone

4/12/2006