2004 FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# 425009

Entity Name: NEW FLAGLER BEACH INN INC

FILED Apr 27, 2004 Secretary of State

Current Principal Place of Business: New Principal Place of Business:

300 PALM CIRCLE 111 S. CENTRAL AVE. P.O. BOX 1418 P.O. BOX 1418

FLAGLER BEACH, FL 321363304 FLAGLER BEACH, FL 32136

Current Mailing Address: New Mailing Address:

300 PALM CIRCLE P.O. BOX 1418

P.O. BOX 1418 FLAGLER BEACH, FL 32136

FLAGLER BEACH, FL 321363304

FEI Number: 59-2958421 FEI Number Applied For () FEI Number Not Applicable () Certificate of Status Desired ()

Name and Address of Current Registered Agent: Name and Address of New Registered Agent:

FORCHAND, ZOEE B
1431 S. FLAGLER AVE., PO BOX 2029
FLAGLER BEACH, FL 32136
FOREHAND, ZOEE B
400 SOUTH OCEANSHORE BLVD.
FLAGLER BEACH, FL 32136

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.

SIGNATURE: ZOEE B. FOREHAND 04/27/2004

Electronic Signature of Registered Agent Date

Election Campaign Financing Trust Fund Contribution ().

OFFICERS AND DIRECTORS: ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

Title: P (X) Delete Title: () Change () Addition

 Name:
 FRASSRAND,BERNARD,
 Name:

 Address:
 300 PALM CIR. P.O. #1418
 Address:

 City-St-Zip:
 FLAGLER BEACH, FL
 City-St-Zip:

Title: TD () Delete Title: PD (X) Change () Addition

Name: FOREHAND, ZOEE Name: FOREHAND, ZOEE

Address: 1431 SOUTH FLAGLER AVE. P.O. BOX 2029 Address: 400 SOUTH OCEANSHORE BLVD

City-St-Zip: FLAGLER BEACH, FL City-St-Zip: FLAGLER BEACH, FL

Title: SD () Delete Title: SD (X) Change () Addition

Name:FOREHAND, WILLIAM MName:FOREHAND, WILLIAM MAddress:1431 S. FLAGLER AVE.Address:400 SOUTH OCEANSHORE BLVDCity-St-Zip:FLAGLER BEACH, FL 32136City-St-Zip:FLAGLER BEACH, FL 32136

I hereby certify that the information supplied with this filing does not qualify for the 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 electronic 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 above, or on an attachment with an address, with all other like empowered.

SIGNATURE: ZOEE B. FOREHAND PD 04/27/2004