


2005 FOR PROFIT CORPORATION ANNUAL REPORT (AR)

FILED
May 04, 2005 8:00 am
Secretary of State

05-04-2005 90163 003 ***150.00

DOCUMENT # P04000126284

1. Entity Name
BEACHSIDE BEEF'S, INC.



Principal Place of Business Mailing Address

5675 N. ATLANTIC AVENUE #122 **5675 N. ATLANTIC AVENUE #122**
COCOA BEACH FL 32932 **COCOA BEACH FL 32932**
US **US**

2. Principal Place of Business 3. Mailing Address

Suite, Apt. #, etc. Suite, Apt. #, etc.

City & State City & State

Zip Country Zip Country

4. FEI Number Applied For

20-1629299 Not Applicable

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

50047284



1st MOORE CR2E034 (10/04)

6. Name and Address of Current Registered Agent

BOUVIER, PAUL A
3210 N. WICKHAM ROAD
5
MELBOURNE FL 32935

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 reinstating) DATE _____

FILE NOW!!! FEE IS \$150.00
After May 1, 2005 Fee Will Be \$550.00
Make Check Payable to Florida Department of State

9. Election Campaign Financing **\$5.00** May Be Added to Fees

Trust Fund Contribution.

10. OFFICERS AND DIRECTORS

TITLE	DTS	<input type="checkbox"/> Delete
NAME	SISLER, MICHAEL	
STREET ADDRESS	5675 N ATLANTIC AVE #122	
CITY-ST-ZIP	COCOA BEACH FL 32932	
TITLE	DVP	<input type="checkbox"/> Delete
NAME	MCLACHLAN, SCOTT	
STREET ADDRESS	5675 N ATLANTIC AVE #122	
CITY-ST-ZIP	COCOA BEACH FL 32932	
TITLE	D	<input type="checkbox"/> Delete
NAME	HAGAN, JAMES	
STREET ADDRESS	4711 BABCOCK ST. NE	
CITY-ST-ZIP	PALM BAY FL 32905	
TITLE	D	<input type="checkbox"/> Delete
NAME	DURKIN, JOSEPH	
STREET ADDRESS	807 NASSAU ROAD	
CITY-ST-ZIP	COCOA BEACH FL 32931	
TITLE	PD	<input type="checkbox"/> Delete
NAME	PRUETT, KEVIN	
STREET ADDRESS	5675 N. ATLANTIC AVENUE, #122	
CITY-ST-ZIP	COCOA BEACH FL 32932	
TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
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STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
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: *Joseph T. Durkin* **Joseph T. Durkin** 4/27/05 (321) 784-3834

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #