

**2006 FOR PROFIT CORPORATION
ANNUAL REPORT**

DOCUMENT # P97000003515

1. Entity Name
BEACHES AUTO REPAIR, INC.



Principal Place of Business
60 W 8TH ST
ATLANTIC BEACH, FL 32233

Mailing Address
823 PATRICIA LN
JACKSONVILLE BCH, FL 32250 US



02082006 No Chg-P CR2E034 (11/05)

DO NOT WRITE IN THIS SPACE

4. FEI Number
59-3422926

Applied For
Not Applicable

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

8. Name and Address of Current Registered Agent

MATTHEWS, CAROL S
60 W 8TH ST
ATLANTIC BEACH, FL 32233

**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.

U00000430614

02/22/06-80054-023 150.00

SIGNATURE _____
Signature, typed or printed name of registered agent and true if applicable.

(NOTE: Registered Agent signature required when reinstating)

DATE

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

9. Election Campaign Financing
Trust Fund Contribution. \$5.00 May Be
Added to Fees

10. OFFICERS AND DIRECTORS

TITLE	D
NAME	MATTHEWS, CHARLES W
STREET ADDRESS	823 PATRICIA LN
CITY-ST-ZIP	JACKSONVILLE BEACH, FL 32250
TITLE	D
NAME	MATTHEWS, CAROL S
STREET ADDRESS	823 PATRICIA LN
CITY-ST-ZIP	JACKSONVILLE BEACH, FL 32250
TITLE	
NAME	
STREET ADDRESS	
CITY-ST-ZIP	
TITLE	
NAME	
STREET ADDRESS	
CITY-ST-ZIP	

**DO NOT WRITE
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: Carol S. Matthews
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

2/7/06 (904)241-4437
DATE DAYTIME PHONE #