2004 FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# P99000101232

FILED Feb 23, 2004 Secretary of State

Entity Nar	ne: BEACHE	ER'S LODGE RENTALS, INC.		,	
-		,			
Current Principal Place of Business:			New Principal Place	New Principal Place of Business:	
6970 A1A SOUTH SAINT AUGUSTINE, FL 32080					
Current M	ailing Addre	ss:	New Mailing Addres	New Mailing Address:	
6970 A1A SOUTH SAINT AUGUSTINE, FL 32080					
FEI Number:	59-3543903	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:					
BRINTON, BURN B 1957 AFTON LN JACKSONVILLE, FL 32211 US			BRINTON, BURK B 1957 AFTON LN JACKSONVILLE, FL:		
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.					
SIGNATUR	RE: BURK B	BRINTON		02/23/2004	
Electronic Signature of Registered Agent			nt	Date	
Election Can	npaign Financin	g Trust Fund Contribution ().			
OFFICERS	S AND DIREC	CTORS:	ADDITIONS/CHANG	ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:	
Title: Name: Address: City-St-Zip:	P (BRINTON, BUI 1951 AFTON L JACKSONVILL	.N	Title: Name: Address: City-St-Zip:	() Change () Addition	
Title: Name: Address: City-St-Zip:	VPT (BANES, NATH, 3371 NW 37 S GAINESVILLE	Т	Title: Name: Address: City-St-Zip:	() Change () Addition	
Title: Name: Address: City-St-Zip:	ST (PASAK, JOSE 210 N GRAND MOUNT DORA	VIEW ST	Title: Name: Address: City-St-Zip:	() Change () Addition	
Title: Name: Address: City-St-Zip:	EDWARDS, THE P O BOX 5142		Title: Name: Address: City-St-Zip:	() Change () Addition	
Title:	D () Delete	Title:	() Change () Addition	

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.

Name:

Address:

City-St-Zip:

SIGNATURE: BURK B BRINTON P 02/23/2004

HERMANN, HENRY R

620 A1A BEACH BLVD.

ST. AUGUSTINE, FL 32080

Name:

Address:

City-St-Zip: