

# 2006 FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# P99000101232

FILED  
Mar 13, 2006  
Secretary of State

Entity Name: BEACHER'S LODGE RENTALS, INC.

**Current Principal Place of Business:**

6970 A1A SOUTH  
SAINT AUGUSTINE, FL 32080

**New Principal Place of Business:**

**Current Mailing Address:**

6970 A1A SOUTH  
SAINT AUGUSTINE, FL 32080

**New Mailing Address:**

FEI Number: 59-3543903      FEI Number Applied For ( )      FEI Number Not Applicable ( )      Certificate of Status Desired ( )

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

BANES, NATHAN  
3371 NW 37 ST  
GAINESVILLE, FL 32605      US

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

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: \_\_\_\_\_

Electronic Signature of Registered Agent

\_\_\_\_\_ Date

Election Campaign Financing Trust Fund Contribution ( ).

**OFFICERS AND DIRECTORS:**

Title: P ( ) Delete  
Name: BANES, NATHAN  
Address: 3371 NW 37TH ST  
City-St-Zip: GAINESVILLE, FL 32605

Title: D ( ) Delete  
Name: DICE, EDWIN J  
Address: 2919 NW 29TH STREET  
City-St-Zip: GAINESVILLE, FL 32605

Title: ST ( ) Delete  
Name: PASAK, JOSEPH  
Address: 210 N GRANDVIEW ST  
City-St-Zip: MOUNT DORA, FL 32757

Title: D ( ) Delete  
Name: IHAS, GARY G  
Address: 3705 SW 3RD PLACE  
City-St-Zip: GAINESVILLE, FL 32607

Title: D ( ) Delete  
Name: HERMANN, HENRY R  
Address: 620 A1A BEACH BLVD.  
City-St-Zip: ST. AUGUSTINE, FL 32080

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

Title: ( ) Change ( ) Addition  
Name:  
Address:  
City-St-Zip:

Title: ( ) Change ( ) Addition  
Name:  
Address:  
City-St-Zip:

Title: ( ) Change ( ) Addition  
Name:  
Address:  
City-St-Zip:

Title: ( ) Change ( ) Addition  
Name:  
Address:  
City-St-Zip:

Title: ( ) Change ( ) Addition  
Name:  
Address:  
City-St-Zip:

I hereby certify that the information supplied with this filing does not qualify for the for the exemption stated 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 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: NATHAN BANES

P.

03/13/2006

Electronic Signature of Signing Officer or Director

\_\_\_\_\_ Date