
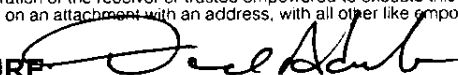


2008 FOR PROFIT CORPORATION ANNUAL REPORT

FILED
Apr 28, 2008 8:00 am
Secretary of State

04-28-2008 90704 001 ***300.00

DOCUMENT # P00000031651			
1. Entity Name BEACH INVESTMENTS OF NORTH FLORIDA, INC.			
Principal Place of Business 14185-1 BEACH BOULEVARD JACKSONVILLE, FL 32250		Mailing Address 845 UNIVERSITY BLVD. N. JACKSONVILLE, FL 32211	
2. Principal Place of Business - No P.O. Box #		3. Mailing Address	
Suite, Apt. #, etc.		Suite, Apt. #, etc.	
City & State		City & State	
Zip	Country	Zip	Country
6. Name and Address of Current Registered Agent		7. Name and Address of New Registered Agent	
DOYLE, WILLIAM E ESQ. 2121 CORPORATE SQUARE BLVD. SUITE 124 JACKSONVILLE, FL 32216		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, 2008 Fee will be \$550.00		9. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/> \$5.00 May Be Added to Fees	
10. OFFICERS AND DIRECTORS		11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11	
TITLE	D <input type="checkbox"/> Delete	TITLE	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	ADEEB, DAVID K	NAME	
STREET ADDRESS	1835 NIGHTFALL DR	STREET ADDRESS	1229 Romney St.
CITY-ST-ZIP	NEPTUNE BEACH, FL 32266	CITY-ST-ZIP	Jacksonville, FL 32211
TITLE	D <input type="checkbox"/> Delete	TITLE	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	FONTAINE, ADAM J	NAME	
STREET ADDRESS	3559 OCEAN CAY CIRCLE	STREET ADDRESS	320 North 1st St.
CITY-ST-ZIP	JACKSONVILLE BEACH, FL 32250	CITY-ST-ZIP	Jacksonville, FL 32250
TITLE	<input type="checkbox"/> Delete	TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		NAME	
STREET ADDRESS		STREET ADDRESS	
CITY-ST-ZIP		CITY-ST-ZIP	
TITLE	<input type="checkbox"/> Delete	TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		NAME	
STREET ADDRESS		STREET ADDRESS	
CITY-ST-ZIP		CITY-ST-ZIP	
TITLE	<input type="checkbox"/> Delete	TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		NAME	
STREET ADDRESS		STREET ADDRESS	
CITY-ST-ZIP		CITY-ST-ZIP	
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:  Pres.		Date: 4-24-08 Daytime Phone #: 904-294-3897	
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR			

66008328



04242008 Chg-P CR2E034 (12/06)

4. FEI Number 59-3636656 Applied For Not Applicable

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