

**2016 FLORIDA PROFIT CORPORATION ANNUAL REPORT**

DOCUMENT# P02000046259

**Entity Name:** BEACHSIDE INSURANCE & FINANCIAL SERVICES INC

**Current Principal Place of Business:**

309 MOODY BLVD  
SUITE 102  
FLAGLER BEACH, FL 32136

**Current Mailing Address:**

309 MOODY BLVD  
SUITE 102  
FLAGLER BEACH, FL 32136

**FEI Number:** 04-3648417

**Certificate of Status Desired:** No

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

LOGUIDICE, JOE  
1515 RIDGEWOOD AVE, STE A  
DAYTONA BEACH, FL 32117 US

*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

**Officer/Director Detail :**

Title D  
Name TIPTON, NEAL  
Address 15 HANOVER DR  
City-State-Zip: FLAGLER BCH FL 32136

*I hereby 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 all other like empowered.*

**SIGNATURE:** NEAL TIPTON

**PRESIDENT**

**07/08/2016**

\_\_\_\_\_  
Electronic Signature of Signing Officer/Director Detail

\_\_\_\_\_  
Date