

2004 FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT # 134829

1. Entity Name
ORLANDO ATLANTIC BEACH COMPANY



Principal Place of Business
C/O WALTER C. SHEPARD, PRESIDENT
709 ROCKLEDGE DRIVE
ROCKLEDGE, FL 32955

Mailing Address
C/O WALTER C. SHEPARD PRESIDENT
PO BOX 68
COCOA, FL 32923-0068

2. Principal Place of Business
510 E. ZARAGOZA ST.

3. Mailing Address
510 E. ZARAGOZA ST

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State
PENSACOLA, FL

City & State
PENSACOLA, FL

Zip
32502

Country
USA

Zip
32502

Country
USA

03102004

Chg-P

CR2E034 (10/03)

4. FEI Number
59-6076191

Applied For
Not Applicable

5. Certificate of Status Desired

☐ \$8.75 Additional Fee Required

6. Name and Address of Current Registered Agent

SHEPARD, WALTER C
709 ROCKLEDGE DRIVE
ROCKLEDGE, FL 32955

7. Name and Address of New Registered Agent

Name
JEFFREY T. SAUER
Street Address (P.O. Box Number is Not Acceptable)
510 E. ZARAGOZA STREET
City
PENSACOLA FL Zip Code
32502

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: JEFFREY T. SAUER

Signature, typed or printed name of registered agent and title if applicable.

(NOTE: Registered Agent signature required when reinstating)

3/11/04
DATE

FILE NOW!!! FEE IS \$150.00
After May 1, 2004 Fee will be \$550.00

9. Election Campaign Financing
Trust Fund Contribution.

☐ \$5.00 May Be
Added to Fees

10. OFFICERS AND DIRECTORS

TITLE
NAME
PVST
SHEPARD, WALTER C
STREET ADDRESS
115 HARRISON STREET
CITY-ST-ZIP
COCOA, FL 32922 ☒ Delete

TITLE
NAME
D
SHEPARD, WALTER C
STREET ADDRESS
115 HARRISON STREET
CITY-ST-ZIP
COCOA, FL 32922 ☒ Delete

TITLE
NAME
☐ Delete
STREET ADDRESS
CITY-ST-ZIP

TITLE
NAME
☐ Delete
STREET ADDRESS
CITY-ST-ZIP

TITLE
NAME
☐ Delete
STREET ADDRESS
CITY-ST-ZIP

TITLE
NAME
☐ Delete
STREET ADDRESS
CITY-ST-ZIP

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE
NAME
ASD
HOWARD R. ROBBINS
STREET ADDRESS
PO BOX 689
CITY-ST-ZIP
SUMMERDALE, AL 36580 ☐ Change ☒ Addition

TITLE
NAME
☐ Change ☐ Addition
STREET ADDRESS
300030963903
CITY-ST-ZIP
03/24/04--01003--012 **350.00

TITLE
NAME
☐ Change ☐ Addition
STREET ADDRESS
CITY-ST-ZIP

TITLE
NAME
☐ Change ☐ Addition
STREET ADDRESS
CITY-ST-ZIP

TITLE
NAME
☐ Change ☐ Addition
STREET ADDRESS
CITY-ST-ZIP

TITLE
NAME
☐ Change ☐ Addition
STREET ADDRESS
CITY-ST-ZIP

12. I hereby certify that the information supplied with this filing does not qualify 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 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: HOWARD R. ROBBINS HOWARD R. ROBBINS 3/11/04 251-454-7766
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #