
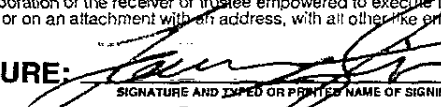


**2004 FOR PROFIT CORPORATION  
ANNUAL REPORT**

**FILED**  
**Jan 09, 2004 08:00 AM**  
**Secretary of State**

<b>DOCUMENT # 408394</b> 1. Entity Name <b>BEACH ISLAND, INC.</b>		
Principal Place of Business <b>12000 GULF BLVD. TREASURE ISLAND, FL 33706</b>	Mailing Address <b>12000 GULF BLVD. TREASURE ISLAND, FL 33706</b>	
<b>DO NOT WRITE IN THIS SPACE</b>		
6. Name and Address of Current Registered Agent  <b>SAGLIO, LAWRENCE 12000 GULF BLVD. TREASURE ISLAND, FL 34624</b>		
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 _____ <small>Signature typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent's signature required when reinstating.)</small>		
<b>FILE NOW!!! FEE IS \$150.00 After May 1, 2004 Fee will be \$550.00</b>		9. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/> <b>\$5.00</b> May Be Added to Fees
10. OFFICERS AND DIRECTORS		
TITLE NAME STREET ADDRESS CITY - ST - ZIP	PD FLEISHAKER, DONALD 83 VERNON DR SCARSDALE, NY	
TITLE NAME STREET ADDRESS CITY - ST - ZIP	VD GOODE, CHARLOTTE 58-19 211TH ST. BAYSIDE, NY	
TITLE NAME STREET ADDRESS CITY - ST - ZIP	SD SAGLIO, LAWRENCE 2280 KENT PLACE CLEARWATER, FL	
TITLE NAME STREET ADDRESS CITY - ST - ZIP	TD FLEISHAKER, MARVIN 132 WILMOT CIRCLE SCARSDALE, NY	
TITLE NAME STREET ADDRESS CITY - ST - ZIP		
TITLE NAME 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:  <b>LAWRENCE SAGLIO</b> <small>SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR</small>		<b>1/6/04</b> <b>127</b> <b>360-7051</b> <small>Date Days to Phone It</small>



01062004 No Chg-P CR2E034 (10/03)

4. FCI Number  
**13-2656870**

Applied For
Not Applicable

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

**DO NOT WRITE  
IN THIS SPACE**

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IN THIS SPACE**

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01/09/04-80026-015 150.00