

2005 FOR PROFIT CORPORATION ANNUAL REPORT

FILED
Mar 21, 2005 8:00 am
Secretary of State

03-21-2005 90115 030 ***150.00

DOCUMENT # 408394

1. Entity Name
BEACH ISLAND, INC.



Principal Place of Business
**12000 GULF BLVD.
TREASURE ISLAND, FL 33706**

Mailing Address
**12000 GULF BLVD.
TREASURE ISLAND, FL 33706**

50029221

2. Principal Place of Business

3. Mailing Address
120 East 37th Street

Suite, Apt. #, etc.

Suite, Apt. #, etc.
New York, New York

City & State

City & State

Zip

Country

Zip

Country

10016

USA

01132005

Chg-P

CR2E034 (10/03)

4. FEI Number

13-2656870

Applied For

Not Applicable

5. Certificate of Status Desired ☐

\$8.75 Additional
Fee Required

6. Name and Address of Current Registered Agent

7. Name and Address of New Registered Agent

**SAGLIO, LAWRENCE
12000 GULF BLVD.
TREASURE ISLAND, FL 34624**

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

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

(NOTE: Registered Agent signature required when reinstating)

DATE

**FILE NOW!!! FEE IS \$150.00
After May 1, 2005 Fee will be \$550.00**

9. Election Campaign Financing
Trust Fund Contribution ☐

\$5.00 May Be
Added to Fees

10. OFFICERS AND DIRECTORS

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE PD
NAME FLEISHAKER, DONALD
STREET ADDRESS 83 VERNON DR
CITY-ST-ZIP SCARSDALE, NY ☐ Delete

TITLE PD
NAME FLEISHAKER, DONALD
STREET ADDRESS 1 HAVERFORD AVE.
CITY-ST-ZIP SCARSDALE, NY 10583 ☒ Change ☐ Addition

TITLE VD
NAME GOODE, CHARLOTTE
STREET ADDRESS 58-19 211TH ST.
CITY-ST-ZIP BAYSIDE, NY ☐ Delete

TITLE VD
NAME GOODE, CHARLOTTE
STREET ADDRESS 2427 PRESIDENTIAL WAY #504
CITY-ST-ZIP WEST PALM BEACH, FL 33401 ☒ Change ☐ Addition

TITLE SD
NAME SAGLIO, LAWRENCE
STREET ADDRESS 2280 KENT PLACE
CITY-ST-ZIP CLEARWATER, FL ☐ Delete

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

TITLE TD
NAME FLEISHAKER, MARVIN
STREET ADDRESS 132 WILMOT CIRCLE
CITY-ST-ZIP SCARSDALE, NY ☐ Delete

TITLE TD
NAME FLEISHAKER, MARVIN
STREET ADDRESS 55 GRASSLAND ROAD - C142
CITY-ST-ZIP VALHALLA, NY 10595 ☒ Change ☐ Addition

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP ☐ Delete

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

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP ☐ Delete

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

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:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR
Donald J. Fleishaker, Pres.

Date

Daytime Phone #

3/18/05 2:22
686 6611