


# 2005 FOR PROFIT CORPORATION ANNUAL REPORT

**FILED**  
**Mar 03, 2005 8:00 am**  
**Secretary of State**

03-03-2005 90181 049 \*\*\*150.00

<b>DOCUMENT # 417845</b> 1. Entity Name <b>BEACH AIR CONDITIONING CORP</b>					
Principal Place of Business <b>1748 AUSTRALIAN AVE SUITE 1 RIVIERA BEACH, FL 33404 US</b>			Mailing Address <b>1748 AUSTRALIAN AVE SUITE 1 RIVIERA BEACH, FL 33404 US</b>		
2. Principal Place of Business Suite, Apt. #, etc.			3. Mailing Address Suite, Apt. #, etc.		
City & State			City & State		
Zip		Country		4. FEI Number <b>59-1443395</b>	
5. Certificate of Status Desired <input type="checkbox"/>				Applied For <input type="checkbox"/> Not Applicable	
6. Name and Address of Current Registered Agent <b>ANDREWS, RICHARD D. 13080 FLAMINGO TERRACE LAKE PARK, FL 33410</b>				7. Name and Address of New Registered Agent Name <b>ROBERT ANDREWS</b> Street Address (P.O. Box Number is Not Acceptable) <b>13080 FLAMINGO TERRACE</b> City <b>LAKE PARK</b> <b>FL</b> 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 <u>Robert C Andrews</u> <b>Robert C Andrews</b> <b>P.D</b> <b>2-25-05</b> <small>Signature, typed or printed name of registered agent and title if applicable (NOTE: Registered Agent signature required when reinstating) DATE</small>					
<b>FILE NOW!!! FEE IS \$150.00 After May 1, 2005 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		
<b>10. OFFICERS AND DIRECTORS</b>			<b>11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11</b>		
TITLE NAME STREET ADDRESS CITY-ST-ZIP	PD ANDREWS, RICHARD D. 13080 FLAMINGO TERRACE LAKE PARK, FL	<input checked="" type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	PD Robert C Andrews 13080 Flamingo Terrace Lake Park, FL	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	SD HIGGINS, RICHARD A. 2193 FLORIDA MANGO ROAD WEST PALM BEACH, FL	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	T HIGGINS, RICHARD A. 2193 FLORIDA MANGO ROAD WEST PALM BEACH, FL	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	VD ANDREWS, ROBERT 13080 FLAMINGO TERRACE LAKE PARK, FL	<input checked="" type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Change <input type="checkbox"/> Addition
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TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Change <input type="checkbox"/> 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: <u>Robert C Andrews</u> <small>SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR</small>			<b>2-11-05</b> <b>561-844-4374</b> <small>Date Daytime Phone #</small>		

**50022301**



01062005 Chg-P CR2E034 (10/03)

4. FEI Number  
**59-1443395**

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

**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

TITLE NAME STREET ADDRESS CITY-ST-ZIP	PD ANDREWS, RICHARD D. 13080 FLAMINGO TERRACE LAKE PARK, FL	Delete <input checked="" type="checkbox"/>
TITLE NAME STREET ADDRESS CITY-ST-ZIP	SD HIGGINS, RICHARD A. 2193 FLORIDA MANGO ROAD WEST PALM BEACH, FL	Delete <input type="checkbox"/>
TITLE NAME STREET ADDRESS CITY-ST-ZIP	T HIGGINS, RICHARD A. 2193 FLORIDA MANGO ROAD WEST PALM BEACH, FL	Delete <input type="checkbox"/>
TITLE NAME STREET ADDRESS CITY-ST-ZIP	VD ANDREWS, ROBERT 13080 FLAMINGO TERRACE LAKE PARK, FL	Delete <input checked="" type="checkbox"/>
TITLE NAME STREET ADDRESS CITY-ST-ZIP		Delete <input type="checkbox"/>
TITLE NAME STREET ADDRESS CITY-ST-ZIP		Delete <input type="checkbox"/>

## 11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE NAME STREET ADDRESS CITY-ST-ZIP	PD Robert C Andrews 13080 Flamingo Terrace Lake Park, FL	Change <input type="checkbox"/> Addition <input type="checkbox"/>
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SIGNATURE: Robert C Andrews  
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

**2-11-05** **561-844-4374**  
Date Daytime Phone #