

2007 FOR PROFIT CORPORATION ANNUAL REPORT

FILED
Jan 08, 2007 8:00 am
Secretary of State

01-08-2007 90248 045 ***150.00

DOCUMENT #631562

1. Entity Name
BEACHKEEPER, INC.



Principal Place of Business
**5316 PALM WAY
LAKE WORTH, FL 33463 US**

Mailing Address
**5316 PALM WAY
LAKE WORTH, FL 33463 US**

10000000



2. Principal Place of Business - No P.O. Box #

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

01042007 Chg-P CR2E034 (12/06)

City & State

City & State

4. FEI Number
59-1929842

Applied For
Not Applicable

Zip Country

Zip Country

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

**LEE, JOSEPH M ESQ
6801 LAKE WORTH RD
#127
LAKE WORTH, FL 33467**

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, 2007 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 PS ☐ Delete
NAME ROWLAND, SHERI L
STREET ADDRESS 5316 PALM WAY
CITY-ST-ZIP LAKE WORTH, FL 33463

TITLE ☐ Change ☒ Addition
NAME *Director Sheri Rowland*
STREET ADDRESS *5316 Palm Way*
CITY-ST-ZIP *LAKE WORTH, FL 33463*

TITLE VPT ☐ Delete
NAME ROWLAND, DAVID G
STREET ADDRESS 5316 PALM WAY
CITY-ST-ZIP LAKE WORTH, FL 33463

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

TITLE ☐ Delete
NAME
STREET ADDRESS
CITY-ST-ZIP

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

12. I hereby certify that the information supplied with this filing does not qualify for the exemptions contained in Chapter 119, 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:

Sheri Rowland

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

1/4/07

Date

561-432-6939

Daytime Phone #