2008 FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT # 631562

1. Entity Name
BEACHKEEPER, INC.

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

DO NOT WRITE IN THIS SPACE

01052008   No Chg-P   CR2E034 (11/05)

4. FEI Number	Applied For
59-1929842	Not Applicable

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

6. Name and Address of Current Registered Agent

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

DO NOT WRITE IN THIS SPACE

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, 2008 Fee will be $550.00**	9. Election Campaign Financing Trust Fund Contribution. ☐	**$5.00** May Be Added to Fees	

10. OFFICERS AND DIRECTORS

TITLE	PS	
NAME	ROWLAND, SHERI L	
STREET ADDRESS	5316 PALM WAY	
CITY-ST-ZIP	LAKE WORTH, FL 33463	
TITLE	VPT	
NAME	ROWLAND, DAVID G	
STREET ADDRESS	5316 PALM WAY	
CITY-ST-ZIP	LAKE WORTH, FL 33463	
TITLE	D	
NAME	ROWLAND, SHERI	
STREET ADDRESS	5316 PALM WAY	
CITY-ST-ZIP	LAKE WORTH, FL 33463	
TITLE		
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		
NAME		
STREET ADDRESS		
CITY-ST-ZIP		

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01/09/08-80052-001 150.00

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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_   1/7/08   361-432-6939

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR   Date   Daytime Phone #