2005 FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT # 691686

1. Entity Name
BEACH AUTO BODY, INC.

Principal Place of Business	Mailing Address
112 TOMAHAWK DRIVE INDIAN HARBOUR BEACH, FL 32937-3519	112 TOMAHAWK DRIVE INDIAN HARBOUR BEACH, FL 32937-3519

DO NOT WRITE IN THIS SPACE

01052005   No Chg-P   CR2E034 (10/03)

4. FEI Number 59-2103386	Applied For
	Not Applicable
5. Certificate of Status Desired ☐	$8.75 Additional Fee Required

6. Name and Address of Current Registered Agent

ORAM, RICHARD
112 TOMAHAWK DR
INDIAN HARBOR BEACH, FL 32937

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, 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	PD
NAME	ORAM, RICHARD H
STREET ADDRESS	112 TOMAHAWK DRIVE
CITY-ST-ZIP	INDIAN HARBOR BCH, FL

U00000188501
01/24/05-80058-016 150.00

TITLE	
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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: _Richard H Oram_   Richard H Oram   1/17/05   321-773-121

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