2005 FOR PROFIT CORPORATION ANNUAL REPORT

FILED Mar 05, 2005 08:00 AM Secretary of State

ANNOAL REPORT					
DOCUMENT # F04922 t. Entity Name HITCHIN BEACH DEVELOPME					
Principal Place of Business 3420 N COURTENAY PKWY	Mailing Address P. 0. BOX 321421				
STE 126 MERRITT ISLAND, FL. 32953 US	COCOA BEACH, FL 32932	US .			

1111011114	BEACH DEVELOPMENT CON				
3420 N COU STE 126		Mailing Address P. O. BOX 321421 COCOA BEACH, FL 32932	us		
C	O NOT WRITE I		CE	02252005 4. FEI Numbi 59-204	No Chg-P
LUCAS, RONAL DJ. 429 WATTS WAY COCOA BEACH, FL 32931		DO NOT WRITE IN THIS SPACE			
	tions of registered agent.	Zira	ed office or register		th, in the State of Florida. I am familiar with, and accept DAYE
FIL After M	E NOW!!! FEE IS \$150.00 ay 1, 2005 Fee will be \$550.00	Election Campaign Final Trust Fund Contribution.	ncing _ \$5.	.00 May Be ed to Fees	
10.	OFFICERS AND DIR	CTORS			
TITLE NAME STREET ADDRESS CITY-ST-ZIP	STD LUCAS, RONALD J. P.O. BOX 321421 COCOA BEACH, FL 32932				
TITLE NAME STREET ADDRESS CITY-ST-ZIP	PD HILL, MICHAEL P.O. BOX 321421 COCOA BEACH, FL 32932				03/05/05-80027-007 150.00
TITLE NAME STREET ADDRESS CITY-ST-ZIP	VD WALLACE, S. L. P.O. BOX 321421 COCOA BEACH, FL 32932				NOT WRITE
TITLE NAME STREET ADDRESS CITY-ST-ZIP		No.		IN T	THIS SPACE
TITLE NAME STREET ADDRESS CITY-ST-ZIP		and the second s		= : · · · · · · · · · · · · · · · · · ·	
TITLE NAME STREET ADDRESS GITY-ST-ZIP					

12. I hereby certify that the information supplied with this filling 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.

SI	CNI	ATI	

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Daytime Phone #