


# 2006 FOR PROFIT CORPORATION ANNUAL REPORT

**FILED**  
**Apr 14, 2006 8:00 am**  
**Secretary of State**

04-14-2006 90144 050 \*\*\*150.00

<b>DOCUMENT # F94000006597</b> 1. Entity Name <b>BEACH ENGINEERING, INC.</b>						
Principal Place of Business <b>817 N.W. 30TH AVE. OCALA, FL 34475</b>			Mailing Address <b>817 N.W. 30TH AVE. OCALA, FL 34475</b>			
2. Principal Place of Business <b>9085 SW Hwy 200</b>		3. Mailing Address <b>9085 SW Hwy 200</b>				
Suite, Apt. #, etc.		Suite, Apt. #, etc.				
City & State <b>Ocala, FL</b>		City & State <b>Ocala, FL</b>		4. FEI Number <b>38-0334189</b>		
Zip <b>34481</b>		Country <b>USA</b>		5. Certificate of Status Desired <input type="checkbox"/> <b>\$8.75 Additional Fee Required</b>		
6. Name and Address of Current Registered Agent  <b>CHRISTENSEN, ANNE M 817 N.W. 30TH AVE. OCALA, FL 34475</b>			7. Name and Address of New Registered Agent Name Street Address (P.O. Box Number is Not Acceptable) <b>9085 SW Hwy 200</b> City <b>Ocala</b> <b>FL</b> Zip Code <b>34481</b>			
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>ANNE M. CHRISTENSEN</u> <u>Anne M Christensen</u> 1-8-06 <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, 2006 Fee will be \$550.00</b>		9. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/> <b>\$5.00 May Be Added to Fees</b>				
10. OFFICERS AND DIRECTORS			11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11			
TITLE NAME STREET ADDRESS CITY-ST-ZIP	P CHRISTENSEN, EVAN 10627 SW 55TH PLACE GAINESVILLE, FL 32608		<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition <b>4715 Grant Mills Dr Lynn Haven, FL 32444</b>	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	TS CHRISTENSEN, DANA 19898 SW 75TH ST DUNNELLON, FL 34431		<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	C CHRISTENSEN, ANNE M 9147 SW 197TH CIR. DUNNELLON, FL 34432		<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition <b>19527 SW 86th Ln Dunnellon, FL 34432</b>	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	VP CHRISTENSEN, DAVID D 20 OAK HOLLOW DR. BEVERLY HILLS, FL 34465		<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition <b>9147 SW 197th Circle Dunnellon, FL 34432</b>	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete		<input type="checkbox"/> Change <input type="checkbox"/> Addition	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete		<input type="checkbox"/> Change <input type="checkbox"/> Addition	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 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: <u>DANA D. CHRISTENSEN</u> <u>Dana D. Christensen</u> 1-6-06 629-7168 <small>SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Docketing Phone #</small>						