

2008 FOR PROFIT CORPORATION ANNUAL REPORT (AR)

FILED

Mar 26, 2008 08:00 AM
Secretary of State

DOCUMENT # F98489

1. Entity Name

BEACH BOOZE, INC.



Principal Place of Business

11100 66TH ST N #16
LARGO FL 34643

Mailing Address

11100 66TH ST N #16
LARGO FL 34643



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

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

Zip

Country

Zip

Country

1st MOORE

CR2E034 (10/07)

4. FEI Number **59-2247987**

Applied For
Not Applicable

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

6. Name and Address of Current Registered Agent

MATHIESON, STEPHEN W
11100 66TH ST N #16
LARGO FL 34643

7. Name and Address of New Registered Agent

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 the filer (application) (NOTE: Registered Agent must have request when transferring) DATE _____

FILE NOW!!! FEE IS \$150.00
After May 1, 2008 Fee Will Be \$550.00
Make Check Payable to Florida Department of State

9. Election Campaign Financing Trust Fund Contribution ☐ **\$5.00** May Be Added to Fees

10. OFFICERS AND DIRECTORS

TITLE	STD	<input type="checkbox"/> Delete
NAME	MATHIESON, KERRY B	
STREET ADDRESS	9230 78TH PLACE, NORTH	
CITY - ST - ZIP	SEMINOLE FL	
TITLE	PD	<input type="checkbox"/> Delete
NAME	MATHIESON, STEPHEN W	
STREET ADDRESS	9230 78TH PLACE, NORTH	
CITY - ST - ZIP	SEMINOLE FL	
TITLE	V	<input type="checkbox"/> Delete
NAME	MATHIESON, BRIAN	
STREET ADDRESS	9230 78TH PLACE, NORTH	
CITY - ST - ZIP	SEMINOLE FL 33777	
TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY - ST - ZIP		
TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY - ST - ZIP		
TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY - ST - ZIP		

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY - ST - ZIP		
TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
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TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY - ST - ZIP		

U00000870259
04/09/08-80081-023 150.00

12. I hereby certify that the information supplied with this filing does not qualify for the exemptions contained in Section 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: *Stephen W. Mathieson* **STEPHEN W. MATHIESON** 3/19/08 727-541-1688
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #