


2005 FOR PROFIT CORPORATION ANNUAL REPORT (AR)

FILED
Mar 14, 2005 8:00 am
Secretary of State

03-14-2005 90095 038 ***155.00

DOCUMENT # G37163	
1. Entity Name BEACH ENTERPRISES OF NAPLES, INC.	

Principal Place of Business % EDWARD H. BEACH 3795 19TH AVE, SW NAPLES FL 34117 US	Mailing Address % EDWARD H. BEACH 3795 19TH AVE, SW NAPLES FL 34117 US
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2. Principal Place of Business 3820 19th AVE SW	3. Mailing Address 3820 19th AVE SW
Suite, Apt. #, etc.	Suite, Apt. #, etc.

City & State NAPLES FL	City & State NAPLES FL
Zip 34117	Country US

1st MOORE CR2E034 (10/04)

4. FEI Number **59-2309968** Applied For ☐ Not Applicable ☐

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

6. Name and Address of Current Registered Agent BEACH, EDWARD H. 3795 19TH AVE, SW NAPLES FL 33964		7. Name and Address of New Registered Agent Name _____ Street Address (P.O. Box Number is Not Acceptable) _____ City _____ FL Zip Code _____	
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Please note new address -

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: *Edward H. Beach* DATE: **FEB 18.05**

Signature, typed or printed name of registered agent and title if applicable (NOTE: Registered Agent signature required when retreating)

FILE NOW!!! - FEE IS \$150.00 After May 1, 2005 Fee Will Be \$550.00 Make Check Payable to Florida Department of State	9. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/> \$5.00 May Be Added to Fees
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10. OFFICERS AND DIRECTORS		11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11	
TITLE NAME STREET ADDRESS CITY - ST - ZIP	PT BEACH, EDWARD H. 3795 19TH AVE, SW NAPLES FL 34117 <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	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY - ST - ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
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TITLE NAME STREET ADDRESS CITY - ST - ZIP	<input type="checkbox"/> Delete	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 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: *Edward H. Beach* **Edward H BEACH** DATE: **FEB 18.05** 239-455-2082

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR