2006 FOR PROFIT CORPORATION ANNUAL REPORT (AR)

FILED
Mar 27, 2006 8:00 am
Secretary of State
03-27-2006 90276 023 ***150.00

DOCUMENT # G37163

1. Entity Name

BEACH ENTERPRISES OF NAPLES, INC.

Principal Place of Business	Mailing Address
3820 19TH AVE SW NAPLES FL 34117 US	3820 19TH AVE SW ~~3795 19TH AVE, SW~~ NOT NAPLES FL 34117 US

2. Principal Place of Business	3. Mailing Address
	3820-19 AVE SW
Suite, Apt. #, etc.	Suite, Apt. #, etc.
City & State	City & State NAPLES FL
Zip / Country	Zip 34117 / Country US

1st MOORE CR2E034 (10/05)

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	7. Name and Address of New Registered Agent
BEACH, EDWARD H 3820 19TH AVE SW NAPLES FL 34117	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 title if applicable (NOTE: Registered Agent signature required when reinstating) DATE

FILE NOW!!! FEE IS $150.00
After May 1, 2006 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		11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	PT BEACH, EDWARD H. 3820 19TH AVE, SW NAPLES FL 34117 ☐ Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	PT BEACH Edward H 3820 19 AVE SW NAPLES FL 34117 ☐ Change ☐ Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	☐ Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	☐ Change ☐ Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	☐ Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	☐ Change ☐ Addition
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TITLE NAME STREET ADDRESS CITY-ST-ZIP	☐ Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	☐ Change ☐ Addition

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: Edward H Beach — MARCH 18-06 — 239 455 2082
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR — Date — Daytime Phone #