2006 FOR PROFIT CORPORATION ANNUAL REPORT

FILED Feb 20, 2006 08:00 AM Secretary of State

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Таукта Рітопа Ж

DOCUMENT # G47759 1. Entity Name W L BEACH PROPERTIES INC.	Secretary of State
Principal Place of Business 3438 COLWELL AVE TAMPA, FL 33614 US Malling Address 3438 COLWELL AVE TAMPA, FL 33614 US	
The state of the s	
DO NOT WRITE IN THIS SP	ACE 02162006 No Chg-P CR2E034 (11/05) 4. FEI Number Applied For
gart 🤲	59-2318881 Not Applicable 5. Certificate of Status Desired \$8.75 Additional
6. Name and Address of Current Registered Agent	Fae Required
LACKEY, GEORGE W. 3438 COLWELL AVE.	DO NOT WRITE
TAMPA, FL 33614	IN THIS SPACE
The above named entity submits this statement for the purpose of changing its reg	istered 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 diffe if applicable. (NOTE, Reg	distered Agent signature required when reinstating) DATE
FILE NOWILL FEE IS \$150.00 After May 1, 2006 Fee will be \$550.00 9. Election Campaign for Trust Fund Contribution	
10. OFFICERS AND DIRECTORS TIRE PTS	
NAME LACKEY GEORGE, W. STREET ADDRESS 3438 COLWELL AVE. DITY-ST-ZIP TAMPA, FL 33614	U00000439528
TITLE	U00000439528
NAME STREET ADDRESS DITY-ST-ZIP	
TITLE NAME	*
STREET ADDRESS . GITY-ST-ZIP	DO NOT WRITE
TISLE NAME STREET ADDRESS	IN THIS SPACE
CITY-ST-ZIP DILE	
NAME STREET ADDRESS GITY-ST-ZIP	
TITLE NAME	
STREET ADDRESS CITY-SI-ZIP	
12. I hereby certify that the information supplied with this filling 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 afficer 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 AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

SIGNATURE: