


2007 FOR PROFIT CORPORATION ANNUAL REPORT

FILED
Feb 22, 2007 8:00 am
Secretary of State

02-22-2007 90005 047 ***150.00

DOCUMENT # G58108	
1. Entity Name BEACH STUFF, INCORPORATED	

Principal Place of Business 1700 PERIWINKLE WAY SANIBEL, FL 33957	Mailing Address 6951 DEEP LAGOON LANE FORT MYERS, FL 33919
--------------------------------------------------------------------------------	-------------------------------------------------------------------------

2. Principal Place of Business - No P.O. Box # 16966 MCGREGOR BLVD	3. Mailing Address 798 CYPRESS LAKE CR
Suite, Apt. #, etc.	Suite, Apt. #, etc.

City & State FORT MYERS FL	City & State FT. MYERS FL
Zip 33908	Zip 33919
Country	Country

01072007 Chg-P CR2E034 (12/06)

4. FEI Number 59-2327076	Applied For <input type="checkbox"/> Not Applicable
5. Certificate of Status Desired <input type="checkbox"/> \$8.75 Additional Fee Required	

6. Name and Address of Current Registered Agent BAUGHER, GARY D. 6951 DEEP LAGOON LANE FORT MYERS, FL 33919	7. Name and Address of New Registered Agent Name SAME / DO NOT CHANGE 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 Gary Baugher **GARY BAUGHER** **1-9-07**
Signature, type 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, 2007 Fee will be \$550.00	9. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/> \$5.00 May Be Added to Fees
-------------------------------------------------------------------------------------	-------------------------------------------------------------------------------------------------------------------------------

10. OFFICERS AND DIRECTORS		11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11	
TITLE PT	<input type="checkbox"/> Delete	TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME BAUGHER, GARY D.		NAME	
STREET ADDRESS 6951 DEEP LAGOON LANE		STREET ADDRESS	
CITY-ST-ZIP FT. MYERS, FL		CITY-ST-ZIP	
TITLE S	<input type="checkbox"/> Delete	TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME BAUGHER, JOAN		NAME	
STREET ADDRESS 6951 DEEP LAGOON LANE		STREET ADDRESS	
CITY-ST-ZIP FT. MYERS, FL		CITY-ST-ZIP	
TITLE V	<input type="checkbox"/> Delete	TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME BAUGHER, BRIAN		NAME	
STREET ADDRESS 6951 DEEP LAGOON LN		STREET ADDRESS	
CITY-ST-ZIP FT MYERS, FL		CITY-ST-ZIP	
TITLE	<input type="checkbox"/> Delete	TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		NAME	
STREET ADDRESS		STREET ADDRESS	
CITY-ST-ZIP		CITY-ST-ZIP	
TITLE	<input type="checkbox"/> Delete	TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		NAME	
STREET ADDRESS		STREET ADDRESS	
CITY-ST-ZIP		CITY-ST-ZIP	
TITLE	<input type="checkbox"/> Delete	TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		NAME	
STREET ADDRESS		STREET ADDRESS	
CITY-ST-ZIP		CITY-ST-ZIP	

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: Gary Baugher **GARY BAUGHER** **1-9-07** **239-4818177** **x5**
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #