

2005 FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# H32902

Entity Name: BEACHCOMBER JEWELERS, INC.

FILED
Apr 01, 2005
Secretary of State

Current Principal Place of Business:

2786 N ROOSEVELT BLVD
KEY WEST, FL 33040 US

New Principal Place of Business:

Current Mailing Address:

2786 N ROOSEVELT BLVD
KEY WEST, FL 33040 US

New Mailing Address:

FEI Number: 59-2482163

FEI Number Applied For ()

FEI Number Not Applicable ()

Certificate of Status Desired ()

Name and Address of Current Registered Agent:

ESQUINALDO, STEVEN B.
DAVID P. HORAN & ASSOCIATES
608 WHITEHEAD STREET
KEY WEST, FL 33040 US

Name and Address of New Registered Agent:

KAUFMAN, SAMUEL ESQ
501 WHITEHEAD STREET
KEY WEST, FL 33040 US

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.

SIGNATURE: SAMUEL KAUFMAN, ESQ

04/01/2005

Electronic Signature of Registered Agent

Date

Election Campaign Financing Trust Fund Contribution ().

OFFICERS AND DIRECTORS:

Title: DPT () Delete
Name: GREENE, TIMOTHY O.,
Address: 20 FLORAL AVENUE
City-St-Zip: KEY WEST, FL

Title: VS () Delete
Name: GREENE, LIDA JANE,
Address: 20 FLORAL AVENUE
City-St-Zip: KEY WEST, FL

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

Title: DPT (X) Change () Addition
Name: GREENE, TIMOTHY O.,
Address: 20 FLORAL AVENUE
City-St-Zip: KEY WEST, FL 33040

Title: D (X) Change () Addition
Name: GREENE, SCOTT T
Address: 2786 N. ROOSEVELT BLVD
City-St-Zip: KEY WEST, FL 33040

I hereby certify that the information supplied with this filing does not qualify for the 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 electronic 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 above, or on an attachment with an address, with all other like empowered.

SIGNATURE: TIMOTHY O. GREENE

DPT

04/01/2005

Electronic Signature of Signing Officer or Director

Date