


2005 FOR PROFIT CORPORATION ANNUAL REPORT

FILED
Mar 04, 2005 08:00 AM
Secretary of State

DOCUMENT # H53206
 1. Entity Name
THE BEACHCOMBER GROUP INC.



Principal Place of Business PO BOX 5298 JACKSONVILLE, FL 32247-2981 US	Mailing Address P.O. BOX 5298 JACKSONVILLE, FL 32247-2981 US
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DO NOT WRITE IN THIS SPACE



02272005 No Chg-P CR2E034 (10/03)

4. FEI Number 59-2532354	Applied For Not Applicable
5. Certificate of Status Desired <input type="checkbox"/>	\$8.75 Additional Fee Required

6. Name and Address of Current Registered Agent

SIMS, ALYCE
 9139 TEJAS COURT
 JACKSONVILLE, FL 32257

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

FILE NOW!!! FEE IS \$150.00
After May 1, 2005 Fee will be \$550.00

9. Election Campaign Financing Trust Fund Contribution. **\$5.00** May Be Added to Fees

10. OFFICERS AND DIRECTORS	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	P SIMS, ALYCE 9139 TEJAS COURT JACKSONVILLE, FL 32257
TITLE NAME STREET ADDRESS CITY-ST-ZIP	V BROWNING, VIVIAN 40 BEACHCOMBER WAY SAINT AUGUSTINE, FL 32084
TITLE NAME STREET ADDRESS CITY-ST-ZIP	T KOVALY, MARLENE 627 GROVE PARK BLVD JACKSONVILLE, FL
TITLE NAME STREET ADDRESS CITY-ST-ZIP	S FARREN, ANNE 1214 HUBBARD STREET JACKSONVILLE, FL 32206
TITLE NAME STREET ADDRESS CITY-ST-ZIP	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	

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 03/04/05-80039-004 150.00

12. I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Section 119.07(3)(f), 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: Marlene J. Kovaly Marlene Kovaly 3/2/05 904-724-9582
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #