

2007 FOR PROFIT CORPORATION  
ANNUAL REPORT

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

**FILED**  
**Apr 12, 2007 08:00 AM**  
**Secretary of State**



03302007 No Chg-P CR2E034 (11/05)

**DO NOT WRITE IN THIS SPACE**

4. FEI Number  
59-2532354

Applied For  
Not Applicable

5. Certificate of Status Desired ☐

**\$8.75** Additional  
Fee Required

6. Name and Address of Current Registered Agent

SIMS, ALYCE  
9139 TEJAS COURT  
JACKSONVILLE, FL 32257

**DO NOT WRITE  
IN THIS SPACE**

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, 2007 Fee will be \$550.00

9. Election Campaign Financing  
Trust Fund Contribution. ☐

**\$5.00** May Be  
Added to Fees

10. OFFICERS AND DIRECTORS

TITLE P  
NAME SIMS, ALYCE  
STREET ADDRESS 9139 TEJAS COURT  
CITY-ST-ZIP JACKSONVILLE, FL 32257

TITLE V  
NAME BROWNING, VIVIAN  
STREET ADDRESS 40 BEACHCOMBER WAY  
CITY-ST-ZIP SAINT AUGUSTINE, FL 32084

TITLE T  
NAME KOVALY, MARLENE  
STREET ADDRESS 627 GROVE PARK BLVD  
CITY-ST-ZIP JACKSONVILLE, FL

TITLE S  
NAME FARREN, ANNE  
STREET ADDRESS 1214 HUBBARD STREET  
CITY-ST-ZIP JACKSONVILLE, FL 32206

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

U00000701804  
04/20/07-80074-002 150.00

**DO NOT WRITE  
IN THIS SPACE**

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:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

*Marlene Kovaly*  
Marlene Kovaly

*4/6/07*  
Date

*904-381-3680*  
Daytime Phone #