

**2008 FOR PROFIT CORPORATION ANNUAL REPORT**

**FILED**  
**Mar 27, 2008 8:00 am**  
**Secretary of State**

03-27-2008 90032 039 \*\*\*150.00

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



03052008 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~~ 306 OUTRIGGER WAY  
~~JACKSONVILLE, FL 32257~~ ST. AUGUSTINE, FL,  
 32084

**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 \_\_\_\_\_ 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, 2008 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	<del>9139 TEJAS COURT</del> 306 OUTRIGGER WAY
CITY-ST-ZIP	<del>JACKSONVILLE, FL 32257</del> ST. AUGUSTINE, FL, 32084
TITLE	V
NAME	BROWNING, VIVIAN
STREET ADDRESS	40 BEACHCOMBER WAY
CITY-ST-ZIP	SAINT AUGUSTINE, FL <del>32084</del> 32095
TITLE	T
NAME	KOVALY, MARLENE
STREET ADDRESS	<del>637 GROVE PARK BLVD</del> 8660 LITTLE SWIFT CIR,
CITY-ST-ZIP	JACKSONVILLE, FL 32256
TITLE	S
NAME	FARREN, ANNE
STREET ADDRESS	<del>4244 HUBBARD STREET</del> 340 PARADISE CIRCLE
CITY-ST-ZIP	<del>JACKSONVILLE, FL 32206</del> SATSUMA, FL, 32189
TITLE	
NAME	
STREET ADDRESS	
CITY-ST-ZIP	
TITLE	
NAME	
STREET ADDRESS	
CITY-ST-ZIP	

**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: Marlene J. Kovaly 3/13/08 724-9582  
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #