

2009 FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# H53206

FILED
Jan 31, 2009
Secretary of State

Entity Name: THE BEACHCOMBER GROUP INC.

Current Principal Place of Business:

PO BOX 5298
JACKSONVILLE, FL 322472981 US

New Principal Place of Business:

306 OUTRIGGER WAY
ST. AUGUSTINE, FL 32084 US

Current Mailing Address:

P.O. BOX 5298
JACKSONVILLE, FL 322472981 US

New Mailing Address:

306 OUTRIGGER WAY
ST. AUGUSTINE, FL 32084 US

FEI Number: 59-2532354 FEI Number Applied For () FEI Number Not Applicable () Certificate of Status Desired ()

Name and Address of Current Registered Agent:

SIMS, ALYCE
306 OUTRIGGER WAY
SAINT AUGUSTINE, FL 32084 US

Name and Address of New Registered Agent:

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: _____

Electronic Signature of Registered Agent

_____ Date

Election Campaign Financing Trust Fund Contribution ().

OFFICERS AND DIRECTORS:

Title: P () Delete
Name: SIMS, ALYCE
Address: 306 OUTRIGGER WAY
City-St-Zip: SAINT AUGUSTINE, FL 32084

Title: V () Delete
Name: BROWNING, VIVIAN
Address: 40 BEACHCOMBER WAY
City-St-Zip: SAINT AUGUSTINE, FL 32095

Title: T () Delete
Name: KOVALY, MARLENE
Address: 8660 LITTLE SWIFT CREEK
City-St-Zip: JACKSONVILLE, FL 32256

Title: S () Delete
Name: FARREN, ANNE
Address: 340 PARADISE CIRCLE
City-St-Zip: SATSUMA, FL 32189

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

Title: () Change () Addition
Name:
Address:
City-St-Zip:

Title: () Change () Addition
Name:
Address:
City-St-Zip:

Title: () Change () Addition
Name:
Address:
City-St-Zip:

Title: () Change () Addition
Name:
Address:
City-St-Zip:

I hereby certify that the information supplied with this filing does not qualify for the exemption stated 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 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: MARLENE J. KOVALY

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01/31/2009

Electronic Signature of Signing Officer or Director

_____ Date