


2004 FOR PROFIT CORPORATION ANNUAL REPORT (AR)

FILED
Apr 01, 2004 8:00 am
Secretary of State

04-01-2004 90001 040 ***150.00

DOCUMENT # H72882	
1. Entity Name SANTA ROSA BEACH MOTORS, INC.	

Principal Place of Business US 98 & 393 SOUTH SANTA ROSA BCH FL 32459	Mailing Address 320 AND MYRTLE TRAIL DESTIN FL 32541
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2. Principal Place of Business Suite, Apt. #, etc.	3. Mailing Address P.O. Box 1536 Suite, Apt. #, etc. Santa Rosa Beach
City & State	City & State FL
Zip	Country
32459	U.S.



MOORE CR2E034 (11/03)

4. FEI Number 59-2849838	Applied For <input type="checkbox"/> Not Applicable
5. Certificate of Status Desired <input type="checkbox"/>	\$8.75 Additional Fee Required

6. Name and Address of Current Registered Agent NESIUS, RICK D 320 SAND MYRTLE TR DESTIN FL 32541

7. Name and Address of New Registered Agent Name Tox Arnett Street Address (P.O. Box Number is Not Acceptable) 82 Country Club Dr. West City Destin FL Zip Code 32541

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 Tox Arnett	(NOTE: Registered agent signature required when reinstating)	DATE 3-30-04

FILE NOW!!! FEE IS \$150.00 After May 1, 2004 Fee will be \$550.00 Make Check Payable to Florida Department of State	9. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/> \$5.00 May Be Added to Fees
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10. OFFICERS AND DIRECTORS		11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	PVS NESIUS, RICK D. 320 SAND MYRTLE TR DESTIN FL 32541 <input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	TD NESIUS, RICK D. 320 SAND MYRTLE TR DESTIN FL 32541 <input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
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TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition

12. I hereby certify that the information supplied with this filing does not qualify 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 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.	
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SIGNATURE: Rick Nesius	Date 3-30-04	Daytime Phone # 850-830-5881
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR		