


**2005 FOR PROFIT CORPORATION  
ANNUAL REPORT**

**FILED**

**Feb 15, 2005 08:00 AM  
Secretary of State**

|  |  |   |
|--|--|---|
| <b>DOCUMENT # J04373</b><br>1. Entity Name<br><b>BEACHES POWER EQUIPMENT SALES &amp; SERVICE, INC.</b>                                 |  |  |
| Principal Place of Business<br><b>BEACHES POWER EQUIP. SALES &amp; SRVC, INC.<br/>40 S. PENMAN RD<br/>JACKSONVILLE BEACH, FL 32250</b> | Mailing Address<br><b>BEACHES POWER EQUIP. SALES &amp; SRVC, INC.<br/>40 S. PENMAN RD<br/>JACKSONVILLE BEACH, FL 32250</b> |   |



01062005 No Chg-P CR2E034 (10/03)

**DO NOT WRITE IN THIS SPACE**

|   |  |
|---|--|
| 4. FEI Number<br><b>59-2650136</b>  | Applied For<br><input type="checkbox"/> Not Applicable |
| 5. Certificate of Status Desired <input type="checkbox"/> <b>\$8.75 Additional Fee Required</b> |  |

|   |                                       |
|---|---------------------------------------|
| 6. Name and Address of Current Registered Agent<br><b>GIZOWSKI, PHYLLIS<br/>120 ABACO WAY<br/>PONTE VEDRA BEACH, FL 32082</b> | <b>DO NOT WRITE<br/>IN THIS SPACE</b> |
|---|---------------------------------------|

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

|   |  |  |
|---|--|--|
| <b>FILE NOW!!! FEE IS \$150.00<br/>After May 1, 2005 Fee will be \$550.00</b> | 9. Election Campaign Financing<br>Trust Fund Contribution. <input type="checkbox"/> <b>\$5.00 May Be<br/>Added to Fees</b> | <b>U000000230472<br/>02/15/05-80041-017 150.00</b> |
|---|--|--|

| 10. OFFICERS AND DIRECTORS                     |   |
|--|---|
| TITLE<br>NAME<br>STREET ADDRESS<br>CITY-ST-ZIP | D<br>GIZOWSKI, CHARLES<br>120 ABACO WAY<br>PONTE VEDRA BEACH, FL 32082      |
| TITLE<br>NAME<br>STREET ADDRESS<br>CITY-ST-ZIP | PST<br>GIZOWSKI, PHYLLIS M.<br>120 ABACO WAY<br>PONTE VEDRA BEACH, FL 32082 |
| TITLE<br>NAME<br>STREET ADDRESS<br>CITY-ST-ZIP | <b>DO NOT WRITE<br/>IN THIS SPACE</b>                                       |
| TITLE<br>NAME<br>STREET ADDRESS<br>CITY-ST-ZIP |   |
| TITLE<br>NAME<br>STREET ADDRESS<br>CITY-ST-ZIP |   |
| TITLE<br>NAME<br>STREET ADDRESS<br>CITY-ST-ZIP |   |

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 807, 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:** Phyllis Gizowski Phyllis Gizowski 2-14-05 (904) 241-1700  
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #