

2006 FOR PROFIT CORPORATION ANNUAL REPORT (AR)

FILED
Mar 28, 2006 8:00 am
Secretary of State

03-28-2006 90115 025 ***150.00

DOCUMENT # J04373

1. Entity Name

BEACHES POWER EQUIPMENT SALES & SERVICE, INC.



Principal Place of Business

**BEACHES POWER EQUIP. SALES & SRVC, IN
40 S. PENMAN RD
JACKSONVILLE BEACH FL 32250**

Mailing Address

**BEACHES POWER EQUIP. SALES & SRVC, IN
40 S. PENMAN RD
JACKSONVILLE BEACH FL 32250**

2. Principal Place of Business

948 Shetter Ave

Suite, Apt. #, etc.

3. Mailing Address

948 Shetter Ave

Suite, Apt. #, etc.

1st MOORE

CR2E034 (10/05)



City & State

Jacksonville Bch, FL

Zip
32250

Country

City & State

Jacksonville Bch, FL

Zip
32250

Country

4. FEI Number

59-2650136

Applied For

Not Applicable

5. Certificate of Status Desired ☐

**\$8.75 Additional
Fee Required**

6. Name and Address of Current Registered Agent

**GIZOWSKI, PHYLLIS
120 ABACO WAY
PONTE VEDRA BEACH FL 32082**

7. Name and Address of New Registered Agent

Name
Schvihla, Phyllis

Street Address (P.O. Box Number is Not Acceptable)

City

FL

Zip Code

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, 2006 Fee Will Be \$550.00

Make Check Payable to Florida Department of State

9. Election Campaign Financing
Trust Fund Contribution. ☐

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

10. OFFICERS AND DIRECTORS

TITLE **D** ☐ Delete
NAME **GIZOWSKI, CHARLES**
STREET ADDRESS **120 ABACO WAY**
CITY-ST-ZIP **PONTE VEDRA BEACH FL 32082**

TITLE **PST** ☐ Delete
NAME **GIZOWSKI, PHYLLIS M.**
STREET ADDRESS **120 ABACO WAY**
CITY-ST-ZIP **PONTE VEDRA BEACH FL 32082**

TITLE ☐ Delete
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ Delete
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ Delete
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ Delete
NAME
STREET ADDRESS
CITY-ST-ZIP

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE **P** ☒ Change ☐ Addition
NAME **Gizowski, Charles**
STREET ADDRESS **1300 Shetter Ave #19**
CITY-ST-ZIP **Jacksonville Beach, FL 32250**

TITLE **ST** ☒ Change ☐ Addition
NAME **Schvihla, Phyllis**
STREET ADDRESS **120 Abaco Way**
CITY-ST-ZIP **Ponte Vedra Bch, FL 32082**

TITLE ☐ Change ☐ Addition
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ Change ☐ Addition
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ Change ☐ Addition
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ Change ☐ Addition
NAME
STREET ADDRESS
CITY-ST-ZIP

12. I hereby certify that the information supplied with this filing does not qualify for the exemptions contained in Section 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: Phyllis Schvihla **Phyllis Schvihla**

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

03/20/06 904 241-1700

Date

Daytime Phone #