2005 FOR PROFIT CORPORATION ANNUAL REPORT (AR)

Apr 18, 2005 08:00 AM Secretary of State  Apr 20, 2005 08:00 AM Secretar		ANNUAL N	EPORT (AR)		_ FILED	
Principal Place of Business   Mailing Address   T20 PICKNEY STREET   CLOSMAR FL 34677   Closmar   Table   Ta	1. Entity Nam					
120 PICKNEY STREET   120 PICKNEY STREET   34677	BEACHCA	AT BOATS, INC.			y secretary or star	
2. Principal Place of Susiness  Suite. Apt. 4. etc.  Suite. Apt. 5. Certificate of Status Decired  Suite. Apt. 6. Name and Address of Current Registered Agent  Name  HARWOOD, ROBERT G.  120 PICKNEY STREET  OLDSMAR FL 34677  City  Street Address (P.O. Box Number is Not Acceptable)  Stone Address of P.O. Box Number is Not Acceptable)  FLE NOW!!! FE IS \$150.00  After May 1, 2005 Fee Will Be \$550.00  Make Check Payable to Rorida Department of State  FLE NOW!!! FE IS \$150.00  After May 1, 2005 Fee Will Be \$550.00  Make Check Payable to Rorida Department of State  To.  OFFICERS AND DIRECTORS IN 11  INIT.  ADDITIONS/CHANSES TO OFFICERS AND DIRECTORS IN 11  NAME  ARAMOOD, ROBERT GEORGE  SIGNATURE  ARAMOOD, ROBERT GEORGE  SIGNATURE  SIGNAMAR FL 34677  OLESMAR FL 34677  Detels  SIGNAMAR FL 34677  OLESMAR FL 34677  Detels  SIGNAMAR FL 34677  OLESMAR FL 34677  Detels  SIGNAMAR SIGNAMAR FL 34677  OLESMAR FL 34677	Principal Plac	e of Business	Mailing Address			
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Suite, Apt. 4, etc.  Suite, Ap	F					
City & State  Country  Country  S. Certificate of Status Desired  S. 2733461  Name  For Requirement  For Requ	2. Principal P	lace of Business	3. Mailing Address		]	
Section   Sect	Suite, Apt.	#, etc.	Suite, Apt. #, etc.	<del></del>	1st MOORE CR2E034 (10/0	4)
Settlement of the properties of Current Registered Agent  HARWOOD, ROBERT G. 120 PICKNEY STREET OLDSMAR FL 34677  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 Fronta. Lam familiar with, and acceptable the obligations of registered agent.  SIGNATURE  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 Fronta. Lam familiar with, and acceptable to collegations of registered agent.  SIGNATURE  FILE NOW!!! FEEL \$5150.00  After May 1, 2005 Fee Will Be \$550.00  Make Check Payable to Florida Department of State  10. OFFICERS AND DIRECTORS  11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11  INTE  PARWOOD, ROBERT GEORGE  HARWOOD, ROBERT GEORGE  11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11  INTE  PARWOOD, ROBERT GEORGE  11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11  INTE  PARWOOD, ROBERT GEORGE  11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11  INTE  PARWOOD, ROBERT GEORGE  11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11  INTE  PARWOOD, ROBERT GEORGE  11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11  INTE  PARWOOD, ROBERT GEORGE  11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11  INTE  PARWOOD, ROBERT GEORGE  11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11  INTE  PARWOOD, ROBERT GEORGE  11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11  INTE  PARWOOD, ELSE HAPP  INTE  PARWOOD, BUSINESS  INTEREST ADDITIONS  INTEREST ADDI	City & State	e	City & State		4. FEI Number 59-2733461	
HARWOOD, ROBERT G. 120 PICKNEY STREET OLDSMAR FL 34677   City   FL   Zip Code	Zip	Country	Zip	Country		
Street Address (P.O. Box Number is Not Acceptable)  Street Address (P.O. Box Number is Not Acceptable)  Chy 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 acceptable of the obligations of registered agent, or both, in the State of Florida. I am familiar with, and acceptable of the obligations of registered agent, or both, in the State of Florida. I am familiar with, and acceptable of the obligations of registered agent, or both, in the State of Florida. I am familiar with, and acceptable of the obligations of registered agent, or both, in the State of Florida. I am familiar with, and acceptable of the obligations of registered agent, or both, in the State of Florida. I am familiar with, and acceptable of Florida. I am		6. Name and Address of Current	Registered Agent			<del></del>
Street Address (P.O. BX Number is NOT Acceptable)   Street Address (P.O. BX Number is NOT Acceptable)	HΔF	RWOOD BORERT G.				
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 act the obligations of registered agent.  SIGNATURE  SIGNATUR  SIGN	120	PICKNÉY STREET		Street Addres	s (P.O. Box Number is Not Acceptable)	<del>-</del> -
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 act the obligations of registered agent.  SIGNATURE  SIGNATUR  SIGN				City	FI Zio	o Code
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12. Thereby certify that the information supplied with this filing does not qualify for the exemption stated in Section 119.07(3)(7), Florida Statutes. I further certify that the information supplied with this filing does not qualify for the exemption stated in Section 119.07(3)(7), Florida Statutes. I further certify that the information supplied with this filing does not qualify for the exemption stated in Section 119.07(3)(7), Florida Statutes.	STREES ADDRESS ESTATES  TITLE NAME STREET ADDRESS CITY-ST-ZIP	120 PICKNEY STREET OLDSMAR FL-94G77	☐ Defete ☐ Defete	STREET ADDRESS CITY-ST-ZIP  TITLE NAME STREET ADDRESS CITY-ST-ZIP	100000312089   04/18/05-80069-024 19 	hange A

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

SIGNATURE:

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