

2004 FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# J85565

FILED
Apr 25, 2004
Secretary of State

Entity Name: BEACHCOMBERS, INC.

Current Principal Place of Business:

6505 BRANDEMERE ROAD SOUTH
JACKSONVILLE, FL 32211 US

New Principal Place of Business:

Current Mailing Address:

6505 BRANDEMERE RD. SO
JACKSONVILLE, FL 32211 US

New Mailing Address:

FEI Number: 59-2830011

FEI Number Applied For ()

FEI Number Not Applicable ()

Certificate of Status Desired ()

Name and Address of Current Registered Agent:

GOODWIN, MYRTLELEE
6505 BRANDEMERE ROAD SOUTH
JACKSONVILLE, FL 32211 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: DV () Delete
Name: GOODWIN, MEGAN E
Address: 13032 CALDWELL RD
City-St-Zip: JACKSONVILLE, FL

Title: DVST () Delete
Name: GOODWIN, LARRY R.,
Address: 13032 CALDWELL RD
City-St-Zip: JACKSONVILLE, FL 32226

Title: DP () Delete
Name: GOODWIN, MYRTLELEE,
Address: 6505 BRANDEMERE ROAD SOUTH
City-St-Zip: JACKSONVILLE, FL 32211 US

Title: DV () Delete
Name: GOODWIN, JUDITH
Address: 13032 CALDWELL RD
City-St-Zip: JACKSONVILLE, FL

Title: DV () Delete
Name: BAUGER, MICHA
Address: 5247 ELLEN CT.
City-St-Zip: SAINT AUGUSTINE, FL 32086

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:

Title: DV (X) Change () Addition
Name: BAUGHER, MICHA
Address: 5378 4TH STREET
City-St-Zip: SAINT AUGUSTINE, FL 32080

I hereby certify that the information supplied with this filing does not qualify for the 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 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: LARRY GOODWIN

DVST

04/25/2004

Electronic Signature of Signing Officer or Director

Date