

2006 FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# J85565

Entity Name: BEACHCOMBERS, INC.

FILED
Mar 02, 2006
Secretary of State

Current Principal Place of Business:

13032 CALDWELL ROAD
JACKSONVILLE, FL 32226 US

New Principal Place of Business:

49 MEADOW BROOK LN
ORMOND BEACH, FL 32174 US

Current Mailing Address:

13032 CALDWELL ROAD
JACKSONVILLE, FL 32226 US

New Mailing Address:

PO BOX 860176
ST. AUGUSTINE, FL 32086 US

FEI Number: 59-2830011

FEI Number Applied For ()

FEI Number Not Applicable ()

Certificate of Status Desired ()

Name and Address of Current Registered Agent:

GOODWIN, LARRY R
13032 CALDWELL ROAD
JACKSONVILLE, FL 32226 US

Name and Address of New Registered Agent:

SKOCZYLAS, PATRICK E
49 MEADOW BROOK LN
ORMOND BEACH, FL 32174 US

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: PATRICK E. SKOCZYLAS

03/02/2006

Electronic Signature of Registered Agent

Date

Election Campaign Financing Trust Fund Contribution ().

OFFICERS AND DIRECTORS:

Title: DVST () Delete
Name: GOODWIN, JUDITH A
Address: 13032 CALDWELL RD
City-St-Zip: JACKSONVILLE, FL 32226 US

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

Title: DV () Delete
Name: GOODWIN, RANDY J
Address: 13032 CALDWELL ROAD
City-St-Zip: JACKSONVILLE, FL 32226 US

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

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

Title: DVST (X) Change () Addition
Name: SKOCZYLAS, CYNTHIA T
Address: 49 MEADOW BROOK LN
City-St-Zip: ORMOND BEACH, FL 32174 US

Title: DP (X) Change () Addition
Name: SKOCZYLAS, PATRICK E
Address: 49 MEADOW BROOK
City-St-Zip: ORMOND BEACH, FL 32174 US

Title: DV (X) Change () Addition
Name: SKOCZYLAS, AYRIKA L
Address: 49 MEADOW BROOK LN
City-St-Zip: ORMOND BEACH, FL 32174 US

Title: () Change () Addition
Name:
Address:
City-St-Zip:

I hereby certify that the information supplied with this filing does not qualify for the for the exemption stated in Chapter 119, 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: CYNTHIA T. SKOCZYLAS

DVST

03/02/2006

Electronic Signature of Signing Officer or Director

Date