


**2004 FOR PROFIT CORPORATION  
ANNUAL REPORT**

**FILED**  
**Apr 28, 2004 08:00 AM**  
**Secretary of State**

<b>DOCUMENT # K77804</b> 1. Entity Name <b>BEACHSIDE TOY STORE, INC.</b>	
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Principal Place of Business <b>727 PINETREE DRIVE INDIAN HARBOUR BEACH, FL 32937 US</b>	Mailing Address <b>727 PINETREE DRIVE INDIAN HARBOUR BEACH, FL 32937 US</b>
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**DO NOT WRITE IN THIS SPACE**



04232004 No Chg-P CR2E034 (10/03)

4. FEI Number <b>59-2941487</b>	Applied For Not Applicable
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5. Certificate of Status Desired <input type="checkbox"/>	<b>\$8.75</b> Additional Fee Required
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6. Name and Address of Current Registered Agent  <b>HUNGERFORD, CLAIRE B 222 FAY DR. INDIALANTIC, FL 32903</b>
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**DO NOT WRITE  
IN THIS SPACE**

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: *Claire B. Hungerford*  
Signature must be printed name of registered agent in this space above. Date must be printed below signature and dated in a state.

<b>FILE NOW!!! FEE IS \$150.00 After May 1, 2004 Fee will be \$550.00</b>	9. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/> <b>\$5.00</b> May Be Added to Fees
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10. OFFICERS AND DIRECTORS	
TITLE NAME STREET ADDRESS CITY ST ZIP	PST HUNGERFORD, CLAIRE B 222 FAY DRIVE INDIALANTIC, FL 32903
TITLE NAME STREET ADDRESS CITY ST ZIP	VP HUNGERFORD, HERBERT 222 FAY DRIVE INDALANTIC, FL 32903
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04/28/04-80033-018 150.00

12. I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Section 119.07(3)(f), 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: *Claire B. Hungerford*  
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR