2006 FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT # M83110

1. Entity Name
FOXY'S BEACH CAFE, INC.

Principal Place of Business	Mailing Address
160 107TH AVENUE TREASURE ISLAND, FL 33706 US	160 107TH AVENUE TREASURE ISLAND, FL 33706 US

DO NOT WRITE IN THIS SPACE

01102006   No Chg-P   CR2E034 (11/05)

4. FEI Number
59-2895271

Applied For
Not Applicable

5. Certificate of Status Desired ☐ **$8.75** Additional Fee Required

6. Name and Address of Current Registered Agent

BURNS, DOUGLAS J
2693 GULF TO BAY BLVD
STE 120
CLEARWATER, FL 34619

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 _____

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

9. Election Campaign Financing Trust Fund Contribution. ☐ **$5.00** May Be Added to Fees

U00000430068
02/22/06-80034-008 150.00

10.   OFFICERS AND DIRECTORS

TITLE	PSTD
NAME	ORZECHOWSKI, RITA
STREET ADDRESS	160 107 AVENUE
CITY-ST-ZIP	TREASURE ISLAND, FL

TITLE	
NAME	
STREET ADDRESS	
CITY-ST-ZIP	

TITLE	
NAME	
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TITLE	
NAME	
STREET ADDRESS	
CITY-ST-ZIP	

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12. I hereby certify that the information supplied with this filing does not qualify for the exemptions contained 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 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: *Rita Orzechowski* - RITA ORZECHOWSKI 02-09-06 363-3699

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR   Date   Daytime Phone #