

# **2012 FOR PROFIT CORPORATION ANNUAL REPORT**

DOCUMENT# M83110

**FILED**  
**Feb 13, 2012**  
**Secretary of State**

**Entity Name:** FOXY'S BEACH CAFE, INC.

**Current Principal Place of Business:**

160 107TH AVENUE  
TREASURE ISLAND, FL 33706 US

**New Principal Place of Business:**

**Current Mailing Address:**

160 107TH AVENUE  
TREASURE ISLAND, FL 33706 US

**New Mailing Address:**

**FEI Number:** 59-2895271

**FEI Number Applied For ( )**

**FEI Number Not Applicable ( )**

**Certificate of Status Desired ( )**

**Name and Address of Current Registered Agent:**

BURNS, DOUGLAS J  
2259 NURSERY RD  
STE A  
CLEARWATER, FL 33764 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

**OFFICERS AND DIRECTORS:**

Title: PSTD  
Name: ORZECOWSKI, RITA  
Address: 12592 CAPRI CIR N,  
City-St-Zip: TREASURE ISLAND, FL 33706 US

I hereby 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 all other like empowered.

SIGNATURE: DOUGLAS BURNS

MR.

02/13/2012

\_\_\_\_\_  
Electronic Signature of Signing Officer or Director

\_\_\_\_\_  
Date