



2005 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

**FILED**  
**Feb 15, 2005 8:00 am**  
**Secretary of State**

02-15-2005 90021 017 \*\*\*\*61.25

<b>DOCUMENT # N07344</b>							
1. Entity Name BEVERLY HILLS FISHING CLUB INC.							
Principal Place of Business 3189 N. BRACKENFERN PT PO BOX 640523 BEVERLY HILL, FL 33464 US		Mailing Address 3189 N. BRACKENFERN PT PO BOX 640523 BEVERLY HILLS, FL 34464-0523 US		<b>50015428</b>			
2. Principal Place of Business		3. Mailing Address		 02052005 Chg-NP CR2E037 (10/03)			
Suite, Apt. #, etc.		Suite, Apt. #, etc.					
City & State		City & State					
Zip	Country	Zip	Country				
4. FEI Number 59-2471767				Applied For <input type="checkbox"/> Not Applicable			
5. Certificate of Status Desired <input type="checkbox"/>				<b>\$8.75 Additional Fee Required</b>			
6. Name and Address of Current Registered Agent			7. Name and Address of New Registered Agent				
LEE BALH 3189 N. BRACKENFERN PT. BEVERLY HILLS, FL 34465			Name				
			Street Address (P.O. Box Number is Not Acceptable)				
			City		<b>FL</b>	Zip Code	
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 _____ (NOTE: Registered Agent signature required when reinstating) _____ DATE _____							
Filing Fee is \$61.25 Due by May 1, 2005		9. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/>		\$5.00 May Be Added to Fees Make check payable to Florida Department of State			
10. OFFICERS AND DIRECTORS			11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10				
TITLE	D	<input type="checkbox"/> Delete	TITLE	ANN PANASIK DP	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition		
NAME	BALL, LEE		NAME	613 W. GARBOLA.			
STREET ADDRESS	3189 N BRACKEN FERN PT		STREET ADDRESS	BEVERLY HILLS FL 34465			
CITY-ST-ZIP	BEVERLY HILLS, FL 34465		CITY-ST-ZIP				
TITLE	D	<input checked="" type="checkbox"/> Delete	TITLE	TOM KENNEDY DVP	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition		
NAME	MEYERS, JOHN		NAME	6639 W. HERITAGE DR			
STREET ADDRESS	480 W. MILKWEED LOGO		STREET ADDRESS	BEVERLY HILLS FL 34465			
CITY-ST-ZIP	BEVERLY HILLS, FL 34465		CITY-ST-ZIP				
TITLE	D	<input type="checkbox"/> Delete	TITLE	BETTY ALLAN DS	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition		
NAME	ROSALES, SHIRLEY		NAME	17 NEW FLORIDA AVENUE			
STREET ADDRESS	3889 N BLAZING STAY WAY		STREET ADDRESS	BEVERLY HILLS FL 34465			
CITY-ST-ZIP	BEVERLY HILLS, FL 34465		CITY-ST-ZIP				
TITLE	DT	<input type="checkbox"/> Delete	TITLE	ANN FRIEDERICKS D	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition		
NAME	SCOTT, CHESTER P JR.		NAME	73 S. TYLER ST			
STREET ADDRESS	131 W HOLLY FERN PLACE		STREET ADDRESS	BEVERLY HILLS FL 34465			
CITY-ST-ZIP	BEVERLY HILLS, FL 34465		CITY-ST-ZIP				
TITLE	DP	<input checked="" type="checkbox"/> Delete	TITLE	RAUL ROSALES D	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition		
NAME	ROSALES, SHIRLY		NAME	3889 N. BLAZING STAR WAY			
STREET ADDRESS	3889 N BLAZING STAR WAY		STREET ADDRESS	BEVERLY HILLS FL 34465			
CITY-ST-ZIP	BEVERLY HILLS, FL 34465		CITY-ST-ZIP				
TITLE	D	<input checked="" type="checkbox"/> Delete	TITLE	WARREN ADAMS D	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition		
NAME	DOCHERTY, JEAN		NAME	270 W. BEAMWOOD DR.			
STREET ADDRESS	550 W SAND OAK CT		STREET ADDRESS	BEVERLY HILLS FL 34465			
CITY-ST-ZIP	BEVERLY HILLS, FL 34465		CITY-ST-ZIP				
12. I hereby certify that the information supplied with this filing does not qualify 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 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 617, 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 <i>Chester P. Scott Jr</i> CHESTER P SCOTT JR			Date 2/6/05 (352) 746-1951				
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR			Daytime Phone #				

ATTACHMENT

# N07344  
50015428

Chester P. Scott Jr, Jr.  
131 W Hollyfern Pl.  
Beverly Hills, FL 34465-3866

Block 11

ADD

D ALLEN LIBBY  
517 S HARRISON ST.  
BEVERLY HILLS FL 34465

ADD

D JACK BOYLAN  
2660 N BRENTWOOD CIR  
LECAWTO FL 34461

