

# 2009 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# N93000000626

FILED  
Jan 12, 2009  
Secretary of State

Entity Name: SUGAR BEACH RENTALS, INC.

## Current Principal Place of Business:

2827 JOAN AVENUE  
BLDG. A2  
PANAMA CITY BEACH, FL 34208

## New Principal Place of Business:

## Current Mailing Address:

2827 JOAN AVENUE  
BLDG. A2  
PANAMA CITY BEACH, FL 34208

## New Mailing Address:

FEI Number: 59-3170430

FEI Number Applied For ( )

FEI Number Not Applicable ( )

Certificate of Status Desired ( )

## Name and Address of Current Registered Agent:

ISLER, CHARLES S  
434 MAGNOLIA AVE  
PANAMA CITY, FL 32401 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: BD ( ) Delete  
Name: MARSHMAN, ED  
Address: 4413 MISTY LANE  
City-St-Zip: LYNN HAVEN, FL 32444

Title: TD ( ) Delete  
Name: SLAUGHTER, ROBERT  
Address: 2723 CAHABA VALLEY RD  
City-St-Zip: PELHAM, AL 35124

Title: VD ( ) Delete  
Name: SWATZELL, ROY  
Address: 1052 SOUTHLAKE COVE  
City-St-Zip: HOOVER, AL 35244

Title: SD ( ) Delete  
Name: BOYK, SHARON  
Address: 31544 HALDANE STREET  
City-St-Zip: LIVONIA, MI 48152

Title: PD ( ) Delete  
Name: BODIE, RALPH  
Address: 341 WILDWOOD LANE  
City-St-Zip: INDIAN SPRINGS, FL 35124

## ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

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

Title: TD (X) Change ( ) Addition  
Name: SLAUGHTER, ROBERT  
Address: 2723 CAHABA VALLEY RD  
City-St-Zip: INDIAN SPRINGS, AL 35124

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

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

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

I hereby certify that the information supplied with this filing does not qualify 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 617, Florida Statutes; and that my name appears above, or on an attachment with an address, with all other like empowered.

SIGNATURE: RALPH BODIE

PD

01/12/2009

Electronic Signature of Signing Officer or Director

Date