



# 2005 FOR PROFIT CORPORATION ANNUAL REPORT

**FILED**  
**Apr 27, 2005 8:00 am**  
**Secretary of State**

04-27-2005 90286 004 \*\*\*150.00

<b>DOCUMENT # P00000028222</b> 1. Entity Name 731 PENSACOLA BEACH BLVD., INC.					
Principal Place of Business 21 EAST GARDEN STREET #200 PENSACOLA, FL 32501			Mailing Address 21 EAST GARDEN STREET #200 PENSACOLA, FL 32501		
2. Principal Place of Business 4 LAGUNA STREET		3. Mailing Address 4 LAGUNA STREET			
Suite, Apt. #, etc. SUITE 201		Suite, Apt. #, etc. SUITE 201			
City & State FORT WALTON BEACH, FL		City & State FORT WALTON BEACH, FL			
Zip 32548		Zip 32548			
Country USA		Country USA		04192005    Chg-P    CR2E034 (10/03)	
4. FEI Number 59-3637990				Applied For <input type="checkbox"/> Not Applicable	
5. Certificate of Status Desired <input type="checkbox"/>				\$8.75 Additional Fee Required	
6. Name and Address of Current Registered Agent  DELGALLO, STEVEN P 21 EAST GARDEN STREET #200- PENSACOLA, FL 32501			7. Name and Address of New Registered Agent  4 Laguna St., Ste. 201 Fort Walton Beach, FL 32548		
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 _____ <small>Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating)</small>					
DATE _____					
<b>FILE NOW!!! FEE IS \$150.00</b> <b>After May 1, 2005 Fee will be \$550.00</b>			9. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/> \$5.00 May Be Added to Fees		
10. OFFICERS AND DIRECTORS			11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11		
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D DELGALLO, STEVEN P 21 EAST GARDEN STREET #200 PENSACOLA, FL 32501	<input type="checkbox"/> Delete		TITLE NAME STREET ADDRESS CITY-ST-ZIP	D DEL GALLO, STEVEN P 4 LAGUNA STREET, SUITE 201 FORT WALTON BEACH, FL 32548
<input type="checkbox"/> Change <input type="checkbox"/> Addition		<input type="checkbox"/> Change <input type="checkbox"/> Addition		<input type="checkbox"/> Change <input type="checkbox"/> Addition	
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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 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.					
<b>SIGNATURE:</b> _____ <b>STEVEN P. DEL GALLO</b> 4/25/05    (800) 301-0173					
<small>SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR    Date    Daytime Phone #</small>					