

2008 FOR PROFIT CORPORATION ANNUAL REPORT (AR)

FILED
Feb 22, 2008 8:00 am
Secretary of State

02-22-2008 90016 042 ***150.00

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1. Entity Name

BEACH COVE PROPERTIES, INC.



Principal Place of Business

BEACH COVE PROPERTIES, INC
100 99TH ST, LOT 1
SEBASTIAN FL 32958

Mailing Address

BEACH COVE PROPERTIES, INC
P.O. BOX 131
EXETER NH 03833



2. Principal Place of Business - No P.O. Box #

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

Zip

Country

Zip

Country

1st MOORE

CR2E034 (10/07)

4. FEI Number

59-3631736

Applied For

Not Applicable

5. Certificate of Status Desired ☐

\$8.75 Additional
Fee Required

6. Name and Address of Current Registered Agent

MARTIN, DEBRA
100 99TH STREET
LOT 147
SEBASTIAN FL 32958

7. Name and Address of New Registered Agent

Name

Neoma Smith

Street Address (P.O. Box Number is Not Acceptable)

6200 99th Street Lot 1

City

Sebastian

FL

Zip Code

32958

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)

1/17/08
DATE

FILE NOW!!! - FEE IS \$150.00
After May 1, 2008 Fee Will Be \$550.00
Make Check Payable to Florida Department of State

9. Election Campaign Financing,
Trust Fund Contribution. ☐

\$5.00 May Be
Added to Fees

10. OFFICERS AND DIRECTORS

TITLE P ☐ Delete
NAME BRITTON, DANIEL E
STREET ADDRESS 78 POWELL ST
CITY-ST-ZIP BROOKLINE MA 02446

TITLE VP ☐ Delete
NAME BRITTON, MICHAEL
STREET ADDRESS 6200 99TH STREET LOT 104
CITY-ST-ZIP SEBASTIAN FL 32958

TITLE ☐ Delete
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ Delete
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ Delete
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ Delete
NAME
STREET ADDRESS
CITY-ST-ZIP

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE ☐ Change ☐ Addition
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ Change ☐ Addition
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ Change ☐ Addition
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TITLE ☐ Change ☐ Addition
NAME
STREET ADDRESS
CITY-ST-ZIP

12. I hereby certify that the information supplied with this filing does not qualify for the exemptions contained in Section 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:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

1/18/08 (603) 772-5377
Date Daytime Phone #