

# 2006 FOR PROFIT CORPORATION ANNUAL REPORT (AR)

**FILED**  
**Feb 13, 2006 08:00 AM**  
**Secretary of State**

**DOCUMENT # P00000039939**

1. Entity Name

TREATS BY THE BEACH, INC.



Principal Place of Business

235 C COMMERCIAL BLVD.  
UNIT C  
LAUDERDALE BY THE SEA FL 33308

Mailing Address

235 C COMMERCIAL BLVD.  
UNIT C  
LAUDERDALE BY THE SEA FL 33308



2. Principal Place of Business

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

Zip

Country

Zip

Country

4. FCI Number

65-1002283

Applied For

Not Applicable

5. Certificate of Status Desired ☐

**\$8.75** Additional  
Fee Required

6. Name and Address of Current Registered Agent

7. Name and Address of New Registered Agent

SMITH, H. PAUL  
235 COMMERCIAL BLVD.  
LAUDERDALE BY THE SEA FL 33308

Name

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

City

FL

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

Signature, typed or printed name of registered agent and title if applicable

(NOTE: Registered Agent signature required when reinstating)

DATE

**FILE NOW!!! FEE IS \$150.00**

**After May 1, 2006 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

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE PD ☐ Delete  
NAME SMITH, H. PAUL  
STREET ADDRESS 235 COMMERCIAL BLVD.  
CITY - ST - ZIP LAUDERDALE BY THE SEA FL 33308

TITLE ☐ Change ☐ Add  
NAME  
STREET ADDRESS 000000432977  
CITY - ST - ZIP 02/23/06-80090-013 150.00

TITLE VPD ☐ Delete  
NAME NICKERSON, DOUGLAS S  
STREET ADDRESS 235 COMMERCIAL BLVD.  
CITY - ST - ZIP LAUDERDALE BY THE SEA FL 33308

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

TITLE ☐ Delete  
NAME  
STREET ADDRESS  
CITY - ST - ZIP

TITLE ☐ Change ☐ Add  
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STREET ADDRESS  
CITY - ST - ZIP

TITLE ☐ Delete  
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CITY - ST - ZIP

TITLE ☐ Change ☐ Add  
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: *H. Paul Smith* H. PAUL SMITH 2/9/06 954-492-878