

# 2007 FOR PROFIT CORPORATION REINSTATEMENT

DOCUMENT# P00000072273

FILED  
Feb 15, 2007  
Secretary of State

Entity Name: BEACH RENTALS OF SOUTH WALTON, INC.

## Current Principal Place of Business:

5417 EAST COUNTY HWY. 30 A  
SANTA ROSA BEACH, FL 32459

## New Principal Place of Business:

## Current Mailing Address:

5417 EAST COUNTY HWY. 30 A  
SANTA ROSA BEACH, FL 32459

## New Mailing Address:

FEI Number: 59-3661315

FEI Number Applied For ( )

FEI Number Not Applicable ( )

Certificate of Status Desired ( )

## Name and Address of Current Registered Agent:

BROWN, MARY  
5417 EAST COUNTY HWY. 30 A  
SANTA ROSA BEACH, FL 32459 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: MARY BROWN

Electronic Signature of Registered Agent

Date

Election Campaign Financing Trust Fund Contribution ( ).

## OFFICERS AND DIRECTORS:

Title: CEO ( ) Delete  
Name: BROWN, MARY  
Address: 5417 EAST COUNTY HWY. 30 A,  
City-St-Zip: SANTA ROSA BEACH, FL 32459

Title: P ( ) Delete  
Name: TURLEY, HENRY T JR  
Address: 313 HIDDEN ISLAND DR  
City-St-Zip: PANAMA CITY, FL 32408

Title: VP ( ) Delete  
Name: BROWN, ALBERT M JR  
Address: P.O BOX 4341 CO. HWY 3280  
City-St-Zip: FREEPORT, FL 32439

Title: D (X) Delete  
Name: MARDEN, NANCY  
Address: 6150 E. HWY 20  
City-St-Zip: FREEPORT, FL 32439

Title: D (X) Delete  
Name: MARDEN, DONALD  
Address: 6150 E. HWY 20  
City-St-Zip: FREEPORT, FL 32439

Title: S/T ( ) Delete  
Name: LEWIS, DEBORAH  
Address: 5417 EAST COUNTY HWY. 30 A,  
City-St-Zip: SANTA ROSA BEACH, FL 32459

## ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

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

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

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

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 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 607, Florida Statutes; and that my name appears above, or on an attachment with an address, with all other like empowered.

SIGNATURE: DEBORAH LEWIS

S/T

02/15/2007

Electronic Signature of Signing Officer or Director

Date