


2008 FOR PROFIT CORPORATION ANNUAL REPORT

FILED
Apr 28, 2008 8:00 am
Secretary of State

04-28-2008 90384 026 ***150.00

DOCUMENT # P00000108194					
1. Entity Name N&F BEACH RENTALS, INC.					
Principal Place of Business 144 SPRINGWOOD DR. DAYTONA BEACH, FL 32119			Mailing Address 507-D HERBERT STREET PORT ORANGE, F 32129		
2. Principal Place of Business - No P.O. Box # 4 OCEANS WEST BLVD. Suite, Apt. #, etc. APT # 104-B City & State DAYTONA BEACH SHORES, FL		3. Mailing Address 4 OCEANS WEST BLVD Suite, Apt. #, etc. 104-B City & State DAYTONA BEACH SHORES, FL			
Zip 32118 Country U.S.A.		Zip 32118 Country U.S.A.		04212008 Chg-P CR2E034 (12/06)	
4. FEI Number 59-3683359				Applied For Not Applicable	
5. Certificate of Status Desired <input type="checkbox"/>				\$8.75 Additional Fee Required	
6. Name and Address of Current Registered Agent LIOSSIS, NICK 144 SPRINGWOOD DR. DAYTONA BEACH, FL 32119			7. Name and Address of New Registered Agent Name OSTERMAN, FRED Street Address (P.O. Box Number is Not Acceptable) 4 OCEANS WEST BLVD, APT # 104-B City DAYTONA BEACH SHORES, FL Zip Code 32118		
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 <i>Fred Osterman</i> FRED OSTERMAN PRESIDENT				DATE 4/24/08	
(NOTE: Registered Agent signature required when reinstating)					
FILE NOW!!! FEE IS \$150.00 After May 1, 2008 Fee will be \$550.00			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	ST <input type="checkbox"/> Delete		TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition	
NAME	LIOSSIS, NICK		NAME		
STREET ADDRESS	144 SPRINGWOOD DR.		STREET ADDRESS		
CITY-ST-ZIP	DAYTONA BEACH, FL 32119		CITY-ST-ZIP		
TITLE	P <input type="checkbox"/> Delete		TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition	
NAME	OSTERMAN, FREDERICK		NAME		
STREET ADDRESS	4 OCEANS WEST BLVD, APT 104-B		STREET ADDRESS		
CITY-ST-ZIP	DAYTONA BEACH, FL 32118		CITY-ST-ZIP		
TITLE	<input type="checkbox"/> Delete		TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition	
NAME			NAME		
STREET ADDRESS			STREET ADDRESS		
CITY-ST-ZIP			CITY-ST-ZIP		
TITLE	<input type="checkbox"/> Delete		TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition	
NAME			NAME		
STREET ADDRESS			STREET ADDRESS		
CITY-ST-ZIP			CITY-ST-ZIP		
TITLE	<input type="checkbox"/> Delete		TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition	
NAME			NAME		
STREET ADDRESS			STREET ADDRESS		
CITY-ST-ZIP			CITY-ST-ZIP		
12. I hereby certify that the information supplied with this filing does not qualify for the exemptions contained 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 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: <i>Fred H. Osterman</i> FREDERICK H. OSTERMAN PRESIDENT 4/24/08 1-386-761-3089					
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR					