

# 2004 FOR PROFIT CORPORATION ANNUAL REPORT

**FILED**  
**Mar 31, 2004 8:00 am**  
**Secretary of State**

03-31-2004 90019 021 \*\*\*150.00

**DOCUMENT # P00000108196**

1. Entity Name  
**F&S BEACH RENTALS, INC.**



Principal Place of Business  
**3641 S. ATLANTIC AV.  
#210  
DAYTONA BEACH, FL 32118**

Mailing Address  
**3641 S. ATLANTIC AV.  
#210  
DAYTONA BEACH, FL 32118**

2. Principal Place of Business

**925 N. HALIFAX AVE**

Suite, Apt. #, etc.

**1108**

City & State

**DAYTONA BEACH, FL**

Zip

**32118**

Country

**USA**

3. Mailing Address

**90 HERPOX CONSULTING**

Suite, Apt. #, etc.

**507-D HEBERT ST.**

City & State

**PORT ORANGE FL**

Zip

**32179-3845**

Country

**USA**



01212004

Chg-P

CR2E034 (10/03)

4. FEI Number

**59-3283358**

Applied For

Not Applicable

5. Certificate of Status Desired ☐

**\$8.75** Additional  
Fee Required

6. Name and Address of Current Registered Agent

**OSTERMAN, FRED  
3641 S. ATLANTIC AVE.  
APT 210  
DAYTONA BEACH SHORES, FL 32118**

7. Name and Address of New Registered Agent

Name

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

**925 N. HALIFAX AVE APT 1108**

City

**DAYTONA BEACH**

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

*Frederick H. Osterman* **FREDERICK H. OSTERMAN PRES.**

**3/30/04**

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, 2004 Fee will be \$550.00**

9. Election Campaign Financing  
Trust Fund Contribution. ☐

**\$5.00** May Be  
Added to Fees

10. OFFICERS AND DIRECTORS

TITLE **P** ☐ Delete  
NAME **OSTERMAN, FREDERICK**  
STREET ADDRESS **3641 S. ATLANTIC AVE. APT 210**  
CITY-ST-ZIP **DAYTONA BEACH, FL 32118**

TITLE **VPST** ☐ Delete  
NAME **OSTERMAN, SUSANNA**  
STREET ADDRESS **3641 S. ATLANTIC AVE. APT #210**  
CITY-ST-ZIP **DAYTONA BEACH, FL 32118**

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 **925 N. HALIFAX AVE. APT 1108**  
CITY-ST-ZIP **DAYTONA BEACH, FL 32118**

TITLE ☒ Change ☐ Addition  
NAME  
STREET ADDRESS **925 N. HALIFAX AVE. APT 1108**  
CITY-ST-ZIP **DAYTONA BEACH, FL 32118**

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

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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 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.

SIGNATURE:

*Frederick H. Osterman*

**FREDERICK H. OSTERMAN  
PRES.**

**3/30/04**

**(396)**

**226-1091**

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #