2005 FOR PROFIT CORPORATION ANNUAL REPORT

Apr 27, 2005 8:00 am Secretary of State **DOCUMENT # P00000108196** 04-27-2005 90359 046 ***150.00 F&S BEACH RENTALS, INC. Principal Place of Business Mailing Address 725 N. HALLIFAX AVE %LEROUX CONSULTING 20049655 507-D HERBERT ST. 1108 PORT ORANGE, FL 32129-3845 US DAYTONA BEACH, FL 32118 2. Principal Place of Business 3. Mailing Address 4 OCKANS WEST BLUD Suite, Apt. #, etc. Suite, Apt. #, etc. 04252005 CR2E034 (10/03) Chg-P ATT 144-13 City & State City & State 4. FEI Number Applied For 59-3283358 DAYTINA BEACH 5×15 87 815 Not Applicable Zip Country Zip Country \$8.75 Additional 5. Certificate of Status Desired 32118 Fee Required 6. Name and Address of Current Registered Agent 7. Name and Address of New Registered Agent Name OSTERMAN, FRED Street Address (P.O. Box Number is Not Acceptable) 925 N. HALIFAX AVE Y OCKANS WEST BLYD APT **APT 1108** DAYTONA BEACH SHORES, FL 32118 City Zip Code DAYTONA BEACH SHOKET 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. Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating) DATE 9. Election Campaign Financing \$5.00 May Be FILE NOW!!! FEE IS \$150.00 After May 1, 2005 Fee will be \$550.00 Trust Fund Contribution. Added to Fees OFFICERS AND DIRECTORS ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11 10. 11. ☐ Delete TITLE Change TITLE ☐ Addition NAME OSTERMAN, FREDERICK NAME STREET ADDRESS 925 N. HALIFAX AVE. APT. 1108 STREET ADDRESS 4 OCEANS WEST BLYF, ATT 184-13 CITY-ST-ZIP DAYTONA BEACH, FL 32118 CITY-ST-ZIP PAYTONE BEALH SHERES FL 32118 VPST ☐ Delete TITL F TITLE ☑ Change ■ Addition OSTERMAN, SUSANNA NAME NAME Y OCKAND WEST BLUD APT 104-18 STREET ADDRESS 925 N. HALIFAX AVE. APT. 1108 STREET ADDRESS CITY-ST-ZIP DAYTONA BEACH, FL 32118 CITY-ST-ZIP BRACH SUBFES Fr Jalle TITLE ☐ Delete TITLE Change Addition NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP TITLE ☐ Delete ☐ Change ☐ Addition NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP TITI F ☐ Delete TIRE ☐ Addition ☐ Change NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP ☐ Delete TITLE TITLE ☐ Change ☐ 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 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 it changed, or on an attachment with an address, with all other like empowered.

FREDERICK 11. PASS,

SIGNATURE:

The Man Market DETARMANT OF THE MANY GNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

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