


# 2008 FOR PROFIT CORPORATION ANNUAL REPORT

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

04-28-2008 90342 018 \*\*\*150.00

<b>DOCUMENT # P00000108196</b>	
1. Entity Name <b>F&amp;S BEACH RENTALS, INC.</b>	

Principal Place of Business <b>4 OCEANS WEST BLVD APT 104-B DAYTONA BEACH SHORES, FL 32118 US</b>	Mailing Address <b>%LEROUX CONSULTING 507-D HERBERT ST. PORT ORANGE, FL 32129-3845 US</b>
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2. Principal Place of Business - No P.O. Box #		(3.) Mailing Address <b>4 OCEANS WEST BLVD</b>	
Suite, Apt. #, etc.		Suite, Apt. #, etc. <b>104-B</b>	
City & State		City & State <b>DAYTONA BEACH SHORES, FL</b>	
Zip	Country	Zip	Country
<b>32118</b>	<b>U.S.A</b>	<b>32118</b>	<b>U.S.A</b>



04212008 Chg-P CR2E034 (12/06)

4. FEI Number <b>59-3283358</b>	Applied For <input type="checkbox"/>
	Not Applicable <input type="checkbox"/>

5. Certificate of Status Desired <input type="checkbox"/>	<b>\$8.75</b> Additional Fee Required
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<b>6. Name and Address of Current Registered Agent</b>
<b>OSTERMAN, FRED 4 OCEANS WEST BLVD APT 104-B DAYTONA BEACH SHORES, FL 32118</b>

<b>7. Name and Address of New Registered Agent</b>
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 \_\_\_\_\_ (NOTE: Registered Agent signature required when reappointing) DATE \_\_\_\_\_

<b>FILE NOW!!! FEE IS \$150.00 After May 1, 2008 Fee will be \$550.00</b>	9. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/>	<b>\$5.00</b> May Be Added to Fees
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10. OFFICERS AND DIRECTORS	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<b>P OSTERMAN, FREDERICK 4 OCEANS WEST BLVD. APT 104-B DAYTONA BEACH SHORES, FL 32118</b> <input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<b>VPST OSTERMAN, SUSANNA 4 OCEANS WEST BLVD APT 104-B DAYTONA BEACH SHORES, FL 32118</b> <input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
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TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition

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:** *Fred Osterman* **PRESIDENT - FREDERICK H. OSTERMAN 4/24/08 386-761-3089**  
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #