

2004 FOR PROFIT CORPORATION ANNUAL REPORT

FILED
Mar 02, 2004 8:00 am
Secretary of State

03-02-2004 90022 038 ***150.00

DOCUMENT # P01000023397					
1. Entity Name WELCOME TO THE BEACH, INC.					
Principal Place of Business 6721 FLINTWOOD NAVARRE BEACH, FL 32566			Mailing Address 6721 FLINTWOOD NAVARRE BEACH, FL 32566		
2. Principal Place of Business 1980 Candlewood		3. Mailing Address 1980 Candlewood			
Suite, Apt. #, etc.		Suite, Apt. #, etc.			
City & State Navarre FL		City & State Navarre FL		4. FEI Number 59-3706425	
Zip 32566		Country USA		Applied For <input type="checkbox"/> Not Applicable	
5. Certificate of Status Desired <input type="checkbox"/> \$8.75 Additional Fee Required				01082004 Chg-P CR2E034 (10/03)	
6. Name and Address of Current Registered Agent CARTER, GREG 6721 FLINTWOOD ST NAVARRE BEACH, FL 32566			7. Name and Address of New Registered Agent Name: Greg Carter Street Address (P.O. Box Number is Not Acceptable): 1980 Candlewood City: Navarre FL Zip Code: 32566		
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: <u>[Signature]</u> (NOTE: Registered Agent signature required when reinstating) DATE: 1-30-04					
FILE NOW!!! FEE IS \$150.00 After May 1, 2004 Fee will be \$550.00		9. Election Campaign Financing <input type="checkbox"/> \$5.00 May Be Added to Fees			
10. OFFICERS AND DIRECTORS			11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11		
TITLE NAME STREET ADDRESS CITY-ST-ZIP	PST CARTER, GREG 6721 FLINT WOOD ST NAVARRE BEACH, FL 32566		TITLE NAME STREET ADDRESS CITY-ST-ZIP	PST Greg Carter 1980 Candlewood Navarre FL 32566	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete		TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete		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"/> Delete		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"/> Delete		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 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: <u>[Signature]</u> <u>Greg Carter</u> Date: 1-30-04 Daytime Phone #: 850-939-4089					