

2005 FOR PROFIT CORPORATION ANNUAL REPORT

FILED
Feb 28, 2005 8:00 am
Secretary of State

02-28-2005 90229 006 ***150.00

DOCUMENT # P01000043673

1. Entity Name
AFFORDABLE ACCOMMODATIONS IN PARADISE, INC.



Principal Place of Business
**6724 PLANTATION MANOR LOOP
FT. MYERS, FL 33912**

Mailing Address
**6724 PLANTATION MANOR LOOP
FT. MYERS, FL 33912**

50020345



2. Principal Place of Business

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

Zip

Country

Zip

Country

02182005

Chg-P

CR2E034 (10/03)

4. FEI Number
65-1097862

Applied For
Not Applicable

5. Certificate of Status Desired ☐

\$8.75 Additional
Fee Required

6. Name and Address of Current Registered Agent

7. Name and Address of New Registered Agent

BEST BOOKKEEPING & TAX SVC., INC.
15660 SAN CARLOS BLVD.
SUITE 32
FORT MYERS, FL 33908

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

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, 2005 Fee will be \$550.00

9. Election Campaign Financing
Trust Fund Contribution. ☐

\$5.00 May Be
Added to Fees

10. OFFICERS AND DIRECTORS

TITLE-
NAME **DS** ☐ Delete
BECKMANN, LORAIN
STREET ADDRESS
CITY- ST- ZIP **6724 PLANTATION MANOR LOOP
FT. MYERS, FL 33912**

TITLE
NAME **DP** ☐ Delete
BECKMANN, KATRINA
STREET ADDRESS
CITY- ST- ZIP **9201 KING RD. E.
NORTH FORT MYERS, FL 33917**

TITLE
NAME **DT** ☐ Delete
BECKMANN, FRED
STREET ADDRESS
CITY- ST- ZIP **6724 PLANTATION MANOR LOOP
FT. MYERS, FL 33912**

TITLE
NAME **V** ☐ Delete
SALOKAR, STEVEN
STREET ADDRESS
CITY- ST- ZIP **9201 KING RD. E.
NORTH FORT MYERS, FL 33917**

TITLE
NAME ☐ Delete
STREET ADDRESS
CITY- ST- ZIP

TITLE
NAME ☐ Delete
STREET ADDRESS
CITY- ST- ZIP

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

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

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

TITLE
NAME ☐ Change ☐ Addition
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TITLE
NAME ☐ Change ☐ Addition
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:

Lorain Beckmann
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

2/25/05
Date

Daytime Phone #