

2005 FOR PROFIT CORPORATION ANNUAL REPORT

FILED
May 03, 2005 8:00 am
Secretary of State

05-03-2005 90144 022 ***150.00

DOCUMENT # P02000011823					
1. Entity Name BEACHSIDE REALTY SERVICES, INC.					
Principal Place of Business 102 COLUMBIA DRIVE #107 CAPE CANAVERAL, FL 32920			Mailing Address 102 COLUMBIA DRIVE #107 CAPE CANAVERAL, FL 32920		
2. Principal Place of Business 7011 N. Atlantic Ave Suite, Apt. #, etc. # 100 City & State Cape Canaveral, FL Zip 32920 Country USA			3. Mailing Address PO Box 1842 Suite, Apt. #, etc. City & State Cape Canaveral, FL Zip 32920 Country USA Brevard		
			50047129		
			04272005 Chg-P CR2E034 (10/03)		
4. FEI Number 80-0032876			Applied For Not Applicable		
5. Certificate of Status Desired <input type="checkbox"/>			\$8.75 Additional Fee Required		
6. Name and Address of Current Registered Agent SEXTON, CONNIE L 102 COLUMBIA DR #107 CAPE CANAVERAL, FL 32920			7. Name and Address of New Registered Agent Name Connie L. Sexton Street Address (P.O. Box Number is Not Acceptable) 7011 N. Atlantic Ave # 100 City Cape Canaveral FL Zip Code 32920		
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: DATE: _____ <small>Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating)</small>					
FILE NOW!!! FEE IS \$150.00 After May 1, 2005 Fee will be \$550.00		9. Election Campaign Financing Trust Fund Contribution. <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	P SEXTON, CONNIE L 102 COLUMBIA DR #107 CAPE CANAVERAL, FL 32920	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	P Sexton, Connie L. 7011 N. Atlantic Ave. #100 Cape Canaveral, FL 32920	<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
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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:			Connie L. Sexton 4/29/05 (321) 591-2101		
<small>SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR</small>			<small>Date Daytime Phone #</small>		