


**2004 FOR PROFIT CORPORATION  
ANNUAL REPORT**

**FILED**

**04 MAR -5 PM 3:45**

**SECRETARY OF STATE  
TALLAHASSEE, FLORIDA**

<b>DOCUMENT # P02000017318</b> 1. Entity Name <b>BEACH WALK ENTERPRISES, INC.</b>	
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Principal Place of Business <b>81 MATTHEW BLVD. DESTIN, FL 32541</b>	Mailing Address <b>81 MATTHEW BLVD. DESTIN, FL 32541</b>
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**DO NOT WRITE IN THIS SPACE**

01272004 No Chg-P CR2E034 (10/03) **04**

4. FEI Number <b>01-0620382</b>	Applied For Not Applicable
5. Certificate of Status Desired <input type="checkbox"/>	<b>\$8.75</b> Additional Fee Required

**6. Name and Address of Current Registered Agent**

**LIPTON, RICHARD  
81 MATTHEW BLVD.  
DESTIN, FL 32541**

**DO NOT WRITE  
IN THIS SPACE**

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 reinstating) DATE \_\_\_\_\_

**FILE NOW!!! FEE IS \$150.00  
After May 1, 2004 Fee will be \$550.00**

9. Election Campaign Financing Trust Fund Contribution. ☐ **\$5.00** May Be Added to Fees

**6000000050538  
02/23/04 00044-003-150.00**

**10. OFFICERS AND DIRECTORS**

TITLE NAME STREET ADDRESS CITY-ST-ZIP	PS LIPTON, RICHARD 81 MATTHEW BLVD. DESTIN, FL 32541
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**600030361206  
03/12/04--01018--016 \*\*150.00**

**DO NOT WRITE  
IN THIS SPACE**

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:** \_\_\_\_\_ **2-10-06** **850-670-6714**  
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #