

# 2004 FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# P02000036641

FILED  
Mar 02, 2004  
Secretary of State

Entity Name: BEACH RESTORATION OF FLORIDA, INC.

## Current Principal Place of Business:

6960 EASTGATE BLVD  
LEBANON, TN 37090

## New Principal Place of Business:

## Current Mailing Address:

6960 EASTGATE BLVD  
LEBANON, TN 37090

## New Mailing Address:

FEI Number: 62-1868290

FEI Number Applied For ( )

FEI Number Not Applicable ( )

Certificate of Status Desired ( )

## Name and Address of Current Registered Agent:

CFRA, LLC  
ONE HARBOR PL, 5 FLOOR  
777 S HARBOUR ISLAND BLVD  
TAMPA, FL 336025730 US

## Name and Address of New Registered Agent:

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.

SIGNATURE:

Electronic Signature of Registered Agent

Date

Election Campaign Financing Trust Fund Contribution ( ).

## OFFICERS AND DIRECTORS:

Title: D ( ) Delete  
Name: BRUNO, MICHAEL  
Address: CASTLE POINT ON THE HUDSON  
City-St-Zip: HOBOKEN, NJ 07030

Title: D ( ) Delete  
Name: ENGLE, THEODORE III  
Address: 6960 EASTGATE BLVD  
City-St-Zip: LEBANON, TN 37090

Title: D ( ) Delete  
Name: FISHMAN, GEORGE  
Address: 35 FROST CREEK DR  
City-St-Zip: LOCUST VALLEY, NY 11560

Title: D ( ) Delete  
Name: FROCHLIG, ROLLIE  
Address: 6960 EASTGATE BLVD  
City-St-Zip: LEBANON, TN 37090

Title: D ( ) Delete  
Name: GELLMAN, AARON  
Address: 600 FOSTER ST  
City-St-Zip: EVANSTON, IL 60208

Title: D ( ) Delete  
Name: PARNELL, WILLIAM  
Address: P.O. BOX 1501  
City-St-Zip: TALLAVAST, FL 34270

## ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

Title: ( ) Change ( ) Addition  
Name:  
Address:  
City-St-Zip:

Title: ( ) Change ( ) Addition  
Name:  
Address:  
City-St-Zip:

Title: ( ) Change ( ) Addition  
Name:  
Address:  
City-St-Zip:

Title: ( ) Change ( ) Addition  
Name:  
Address:  
City-St-Zip:

Title: ( ) Change ( ) Addition  
Name:  
Address:  
City-St-Zip:

Title: ( ) Change ( ) Addition  
Name:  
Address:  
City-St-Zip:

I hereby certify that the information supplied with this filing does not qualify for the 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 electronic 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 above, or on an attachment with an address, with all other like empowered.

SIGNATURE: THEODORE M ENGLE

CEO

03/02/2004

Electronic Signature of Signing Officer or Director

Date

J. ALLISON DEFOOR II  
200 WEST COLLEGE AVENUE  
TALLAHASSEE, FL 32301