

2005 FOR PROFIT CORPORATION ANNUAL REPORT

FILED
Apr 15, 2005 8:00 am
Secretary of State

04-15-2005 90109 034 ***150.00

DOCUMENT # P02000038793

1. Entity Name
BEACH REALTY OF FLAGLER, INC.



Principal Place of Business
2 JUNGLE HUT ROAD
SUITE 3
PALM COAST, FL 32137

Mailing Address
2 JUNGLE HUT ROAD
SUITE 3
PALM COAST, FL 32137

2. Principal Place of Business
1010 Ocean Shore Blvd.

3. Mailing Address
1010 Ocean Shore Blvd.

Suite, Apt. #, etc.

City & State
Ormond Beach, FL

City & State
Ormond Beach, FL

Zip
32176

Country

03152005 Chg-P CR2E034 (10/03)

4. FEI Number
55-0790679

Applied For
Not Applicable

5. Certificate of Status Desired ☐ \$8.75 Additional Fee Required

6. Name and Address of Current Registered Agent

SHORTELL, MICHAEL J CPA
2 JUNGLE HUT RD
STE 2
PALM COAST, FL 32137

7. Name and Address of New Registered Agent

Name

Street Address (P.O. Box Number is Not Acceptable)
1010 Ocean Shore Blvd.

City
Ormond Beach FL Zip Code
32176

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, 2005 Fee will be \$550.00

9. Election Campaign Financing
Trust Fund Contribution. ☐ \$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	PD MCMILLAN, ROBERT E, W III 2 JUNGLE HUT RD STE 2 PALM COAST, FL 32137 <input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	PD McMillian, Robert E. W III 1010 Ocean Shore Blvd. Ormond Beach, FL. 32176 <input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	STD MCMILLAN, LINDA 2 JUNGLE HUT RD STE 2 PALM COAST, FL 32137 <input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	1010 Ocean Shore Blvd. Ormond Beach, FL. 32176 <input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	VD MARKS, WILLIAM D 2 JUNGLE HUT RD STE 2 PALM COAST, FL 32137 <input checked="" 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 information empowered.

SIGNATURE: [Signature] DATE: 4/14/05 (386) 441-2507

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR