

# **2011 FOR PROFIT CORPORATION ANNUAL REPORT**

DOCUMENT# P02000046259

**FILED**  
**Apr 12, 2011**  
**Secretary of State**

**Entity Name:** BEACHSIDE INSURANCE & FINANCIAL SERVICES INC

**Current Principal Place of Business:**

309 MOODY BLVD STE 102  
FLAGLER BEACH, FL 32136

**New Principal Place of Business:**

309 MOODY BLVD  
SUITE 102  
FLAGLER BEACH, FL 32136

**Current Mailing Address:**

309 MOODY BLVD STE 102  
FLAGLER BEACH, FL 32136

**New Mailing Address:**

309 MOODY BLVD  
SUITE 102  
FLAGLER BEACH, FL 32136

**FEI Number:** 04-3648417

**FEI Number Applied For ( )**

**FEI Number Not Applicable ( )**

**Certificate of Status Desired ( )**

**Name and Address of Current Registered Agent:**

LOGUIDICE, JOE  
1515 RIDGEWOOD AVE, STE A  
DAYTONA BEACH, FL 32117 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

**OFFICERS AND DIRECTORS:**

Title: D  
Name: TIPTON, NEAL  
Address: 15 HANOVER DR  
City-St-Zip: FLAGLER BCH, FL 32136

I hereby 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 all other like empowered.

SIGNATURE: NEAL TIPTON

PRES

04/12/2011

\_\_\_\_\_  
Electronic Signature of Signing Officer or Director

\_\_\_\_\_  
Date