


**2005 FOR PROFIT CORPORATION
ANNUAL REPORT**

FILED

**May 05, 2005 08:00 AM
Secretary of State**

DOCUMENT # P02000053103 1. Entity Name BEACHES HOME LIGHTING & ACCESSORIES, INC.	
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Principal Place of Business 1856 SOUTH 3RD ST. JACKSONVILLE BCH, FL 32250	Mailing Address 1856 SOUTH 3RD ST. JACKSONVILLE BCH, FL 32250
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05032005 No Chg-P CR2E034 (10/03)

DO NOT WRITE IN THIS SPACE

4. FEI Number 75-3051105	Applied For <input type="checkbox"/> Not Applicable
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5. Certificate of Status Desired <input type="checkbox"/>	\$8.75 Additional Fee Required
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6. Name and Address of Current Registered Agent PELOSO, ROBERT L 1748 EVANS DR S JACKSONVILLE BCH, FL 32250

**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

Robert L. Peloso

Signature, typed or printed name of registered agent and title if applicable.

(NOTE: Registered Agent signature required when reinstalling)

5/4/05
DATE

**FILE NOW!!! FEE IS \$150.00
Due by September 7, 2005**

9. Election Campaign Financing
Trust Fund Contribution. ☐

\$5.00 May Be
Added to Fees

In accordance with s. 607.193(2)(b), F.S., the
corporation did not receive the prior notice.

10. OFFICERS AND DIRECTORS	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	PDST PELOSO, ROBERT L 1748 EVANS DR S JACKSONVILLE BCH, FL 32250
TITLE NAME STREET ADDRESS CITY-ST-ZIP	VP PELOSO, LINDA J 1748 EVANS DR S JACKSONVILLE BCH, FL 32250
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05/05/05-80107-017 150.00

**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:

Robert L. Peloso
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

5/4/05
Date

904-247-4111
Daytime Phone #