

# 2007 FOR PROFIT CORPORATION ANNUAL REPORT

**FILED**  
**Jan 10, 2007 8:00 am**  
**Secretary of State**

01-10-2007 90050 030 \*\*\*150.00

**DOCUMENT # P02000058595**

1. Entity Name  
**BILL BEACH'S HAWAIIAN JIU-JITSU SYSTEM,  
INCORPORATED**



Principal Place of Business  
**1629 ST. CLAIR STREET  
JACKSONVILLE, FL 32254-1942**

Mailing Address  
**1629 ST. CLAIR STREET  
JACKSONVILLE, FL 32254-1942**

40001000



2. Principal Place of Business - No P.O. Box #  
**1629 ST. CLAIR ST.**

3. Mailing Address  
**SAME**

Suite, Apt. #, etc.

Suite, Apt. #, etc.

01032007 Chg-P CR2E034 (12/06)

City & State  
**JACKSONVILLE FL**

City & State  
**JACKSONVILLE FL.**

4. FEI Number  
**APPLIED FOR** Applied For ☒ Not Applicable

Zip  
**32254-1942** Country  
**US**

Zip  
**32254-1942** Country  
**US**

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

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

**BEACH, BILL  
1629 ST. CLAIR STREET  
JACKSONVILLE, FL 32254-1942**

**7. Name and Address of New Registered Agent**

Name  
**SAME**

Street Address (P.O. Box Number is Not Acceptable)

City **FL** Zip Code

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

**DNA**

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

(NOTE: Registered Agent signature required when reinstating)

DATE

**FILE NOW!!! FEE IS \$150.00  
After May 1, 2007 Fee will be \$550.00**

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

**10. OFFICERS AND DIRECTORS**

TITLE  
**D** ☐ Delete  
NAME  
**BEACH, BILL**  
STREET ADDRESS  
**1629 ST. CLAIR STREET**  
CITY-ST-ZIP  
**JACKSONVILLE, FL 322541942**

TITLE  
NAME ☐ Delete  
STREET ADDRESS  
CITY-ST-ZIP

TITLE  
NAME ☐ Delete  
STREET ADDRESS  
CITY-ST-ZIP

TITLE  
NAME ☐ Delete  
STREET ADDRESS  
CITY-ST-ZIP

TITLE  
NAME ☐ Delete  
STREET ADDRESS  
CITY-ST-ZIP

TITLE  
NAME ☐ Delete  
STREET ADDRESS  
CITY-ST-ZIP

**11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11**

TITLE ☐ Change ☐ Addition

NAME  
STREET ADDRESS  
CITY-ST-ZIP

TITLE ☐ Change ☐ Addition  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

TITLE ☐ Change ☐ Addition  
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STREET ADDRESS  
CITY-ST-ZIP

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TITLE ☐ Change ☐ Addition  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

12. I hereby certify that the information supplied with this filing does not qualify for the exemptions contained in Chapter 119, 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:** **Bill Beach - BILL BEACH** 01-06-07 904-786-1349  
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #