

2004 FOR PROFIT CORPORATION ANNUAL REPORT (AR)

FILED
Apr 27, 2004 8:00 am
Secretary of State

04-27-2004 90080 020 ***150.00

DOCUMENT # P02000080820

1. Entity Name

BEACH LIMOUSINE, INC.



Principal Place of Business

140 SEAVIEW COURT #206 N.
5451 RATTLESNAKE HAMMOCK RD., #2030
NAPLES FL 34113

Mailing Address

140 SEAVIEW COURT #206 N.
5451 RATTLESNAKE HAMMOCK RD., #2030
NAPLES FL 34113

34000100



MOORE

CR2E034 (11/03)

2. Principal Place of Business

5451 RATTLESNAKE HAMMOCK RD / 5451 RATTLE SNAKE

Suite, Apt. #, etc.

#2030

City & State

NAPLES FL

Zip

34113

Country

FLORIDA

3. Mailing Address

5451 RATTLESNAKE HAMMOCK RD / 5451 RATTLE SNAKE

Suite, Apt. #, etc.

HAMMOCK RD, #2030

City & State

NAPLES FL

Zip

34113

Country

FLORIDA

4. FEI Number

55-0790778

Applied For

Not Applicable

5. Certificate of Status Desired

☐ \$8.75 Additional Fee Required

6. Name and Address of Current Registered Agent

DeRonda Luciano
5451 RATTLESNAKE HAMMOCK RD.
#2030
NAPLES FL 34113

7. Name and Address of New Registered Agent

Name

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 DeRonda Luciano

DeRonda Luciano

3/11/04

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, 2004 Fee will be \$550.00

Make Check Payable to Florida Department of State

9. Election Campaign Financing
Trust Fund Contribution. ☐

\$5.00 May Be Added to Fees

10. OFFICERS AND DIRECTORS

TITLE P
NAME LUCIANO, SAMUEL J ☐ Delete
STREET ADDRESS 5451 RATTLESNAKE HAMMOCK RD., #2030
CITY-ST-ZIP NAPLES FL 34113

TITLE ☐ Delete
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ Delete
NAME
STREET ADDRESS
CITY-ST-ZIP

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CITY-ST-ZIP

TITLE ☐ Delete
NAME
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

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CITY-ST-ZIP

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 the empowered.

SIGNATURE: Samuel J Luciano

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

PRESIDENT 3/11/04 609-284-4040

Date

Daytime Phone #