

**2004 FOR PROFIT CORPORATION
ANNUAL REPORT**

FILED
Mar 01, 2004 8:00 am
Secretary of State

03-01-2004 90052 048 ***150.00

DOCUMENT # P02000121907

1. Entity Name
BEACH LANDINGS DEVELOPMENT, INC.



Principal Place of Business
**4905 CHIQUITA BLVD. SOUTH, SUITE 101
CAPE CORAL, FL 33904**

Mailing Address
**4905 CHIQUITA BLVD. SOUTH, SUITE 101
CAPE CORAL, FL 33904**

34065000



02252004 No Chg-P CR2E034 (10/03)

4. FEI Number
02-0652035

Applied For
Not Applicable

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

DO NOT WRITE IN THIS SPACE

6. Name and Address of Current Registered Agent

**SCHUTT, DARRIN R ESQ.
1105 CAPE CORAL PKWY-E., SUITE C
CAPE CORAL, FL 33904**

**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

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**

9. Election Campaign Financing
Trust Fund Contribution. ☐

**\$5.00 May Be
Added to Fees**

10. OFFICERS AND DIRECTORS

| | |
|----------------|--------------------------------------|
| TITLE | D |
| NAME | POWELL, BILL |
| STREET ADDRESS | 4905 CHIQUITA BLVD. SOUTH, SUITE 101 |
| CITY-ST-ZIP | CAPE CORAL, FL 33904 |
| TITLE | D |
| NAME | POWELL, MARJORIE |
| STREET ADDRESS | 4905 CHIQUITA BLVD. SOUTH, SUITE 101 |
| CITY-ST-ZIP | CAPE CORAL, FL 33904 |
| TITLE | D |
| NAME | SCOTT HEETZ |
| STREET ADDRESS | 4905 CHIQUITA BLVD Suite 101 |
| CITY-ST-ZIP | CAPE CORAL, FL 33904 |
| TITLE | |
| NAME | |
| STREET ADDRESS | |
| CITY-ST-ZIP | |
| TITLE | |
| NAME | |
| STREET ADDRESS | |
| CITY-ST-ZIP | |

**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:

Wayne Powell *Marjorie Powell*
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

2-25-04 *239-540-0055*