



2005 FOR PROFIT CORPORATION ANNUAL REPORT

FILED
Feb 24, 2005 8:00 am
Secretary of State

02-24-2005 90032 004 ***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	
2. Principal Place of Business 912 SE 46 LANE Suite, Apt. #, etc. Suite 201 City & State CAPE CORAL, FL Zip 33904		3. Mailing Address 912 SE 46 LANE Suite, Apt. #, etc. Suite 201 City & State CAPE CORAL FL Zip 33904			
4. FEI Number 02-0652035		Applied For <input type="checkbox"/> Not Applicable			
5. Certificate of Status Desired <input type="checkbox"/>		\$8.75 Additional Fee Required			
6. Name and Address of Current Registered Agent SCHUTT, DARRIN R ESQ. 1105 CAPE CORAL PKWY E., SUITE C CAPE CORAL, FL 33904			7. Name and Address of New Registered Agent Name Street Address (P.O. Box Number is Not Acceptable) City <div style="display: flex; justify-content: space-between;"> FL Zip Code </div>		
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 _____ <small>Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating.)</small>					
FILE NOW!!! FEE IS \$150.00 After May 1, 2005 Fee will be \$550.00		9. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/> \$5.00 May Be Added to Fees			
10. OFFICERS AND DIRECTORS			11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11		
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D POWELL, BILL 4905 CHIQUITA BLVD. SOUTH, SUITE 101 CAPE CORAL, FL 33904		TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition 912 SE 46 LANE Suite 201 CAPE CORAL, FL 33904	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D POWELL, MARJORIE 4905 CHIQUITA BLVD. SOUTH, SUITE 101 CAPE CORAL, FL 33904		TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition 912 SE 46 LANE Suite 201 CAPE CORAL, FL 33904	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D HERTZ, SCOTT 4905 CHIQUITA BLVD., STE. 101 CAPE CORAL, FL 33904		TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition 912 SE 46 LANE Suite 201 CAPE CORAL FL 33904	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete		TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete		TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete		TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition	
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: <u><i>Bill Powell</i></u> <u><i>Marjorie Powell</i></u> <u><i>1/5/05</i></u> <u><i>239.540.0055</i></u> <small>SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR</small>					