

2004 FOR PROFIT CORPORATION ANNUAL REPORT

FILED
Jul 19, 2004 8:00 am
Secretary of State

07-19-2004 90016 003 ***158.75

DOCUMENT # P02000122361

1. Entity Name
BEACH TREE SERVICES, INC.



Principal Place of Business
**18 AZALEA DR.
COCOA BEACH, FL 32931**

Mailing Address
**18 AZALEA DR.
COCOA BEACH, FL 32931**

14026148



2. Principal Place of Business
1830 N. ATLANTIC AVE
Suite, Apt. #, etc.
C101

3. Mailing Address
1830 N. ATLANTIC AVE
Suite, Apt. #, etc.
C101

07152004 Chg-P CR2E034 (10/03)

City & State
Coloa Beach FL

City & State
Coloa Beach FL

Zip
32931 Country
Brevard

Zip
32931 Country
Brevard

4. FEI Number
11-3665653

Applied For
☐ Not Applicable

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

6. Name and Address of Current Registered Agent
**JOHNSON, DOUGLAS B
18 AZALEA DR.
COCOA BEACH, FL 32931**

7. Name and Address of New Registered Agent
Name
Johnson Douglas B
Street Address (P.O. Box Number is Not Acceptable)
1830 N. ATLANTIC AVE C101
City
Coloa Beach FL Zip Code
32931

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: _____ (NOTE: Registered Agent signature required when reinstating) DATE _____

**FILE NOW!!! FEE IS \$150.00
Due by September 8, 2004**

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	PTD JOHNSON, DOUGLAS B 18 AZALEA DR. COCOA BEACH, FL 32931	<input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	VSD JOHNSON, ASHLEY M 18 AZALEA DR. COCOA BEACH, FL 32931	<input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Delete

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE NAME STREET ADDRESS CITY-ST-ZIP	PTD Johnson Douglas B. 1830 N. ATLANTIC AVE C101 Coloa Beach FL 32931	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	VSD Johnson Ashley M. 1830 N. ATLANTIC AVE C101 Coloa Beach FL 32931	<input type="checkbox"/> Change <input type="checkbox"/> Addition
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"/> Change <input type="checkbox"/> Addition
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"/> 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: **PTD**
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

7-15-04
Date Daytime Phone #