


**2005 FOR PROFIT CORPORATION
ANNUAL REPORT**

FILED

**Mar 11, 2005 08:00 AM
Secretary of State**

DOCUMENT # P02000130499 1. Entity Name BEACH ELECTIRC SERVICES, INC.	
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Principal Place of Business 14203 BAY AVENUE PANAMA CITY BEACH, FL 32413	Mailing Address 14203 BAY AVENUE PANAMA CITY BEACH, FL 32413
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DO NOT WRITE IN THIS SPACE



03102005 No Chg-P CR2E034 (10/03)

4. FCI Number 11-3653239	Applied For Not Applicable
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5. Certificate of Status Desired <input type="checkbox"/>	\$8.75 Additional Fee Required
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6. Name and Address of Current Registered Agent BELL, G.L. 14203 BAY AVENUE PANAMA CITY BEACH, FL 32413	DO NOT WRITE IN THIS SPACE
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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 fee applicable (NOTE: Registered Agent signature not filed when re-registering) DATE

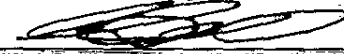
FILE NOW!!! FEE IS \$150.00 After May 1, 2005 Fee will be \$550.00	9. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/> \$5.00 May Be Added to Fees
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10. OFFICERS AND DIRECTORS	
TITLE NAME STREET ADDRESS CITY- ST- ZIP	DCFO BELL, CHRISTOPHER 14203 BAY AVENUE PANAMA CITY BEACH, FL 32413
TITLE NAME STREET ADDRESS CITY- ST- ZIP	D BELL, RHONDA 14203 BAY AVENUE PANAMA CITY BEACH, FL 32413
TITLE NAME STREET ADDRESS CITY- ST- ZIP	CEO BELL, G.L. 14203 BAY AVE PANAMA CITY BEACH, FL 32413
TITLE NAME STREET ADDRESS CITY- ST- ZIP	S CURTIS, HILLARY S 14203 BAY AVENUE PANAMA CITY BEACH, FL 32413
TITLE NAME STREET ADDRESS CITY- ST- ZIP	
TITLE NAME STREET ADDRESS CITY- ST- ZIP	

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03/11/05-80021-004 150.00

**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)(f), 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: 	03-10-05
<small>SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR</small>	<small>Date Daytime Phone #</small>