



2007 FOR PROFIT CORPORATION  
ANNUAL REPORT

**FILED**  
**Mar 02, 2007 08:00 AM**  
**Secretary of State**

<b>DOCUMENT # P02000130499</b> 1. Entity Name <b>BEACH ELECTRIC SERVICES, INC.</b>	
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Principal Place of Business <b>14203 BAY AVENUE PANAMA CITY BEACH, FL 32413</b>	Mailing Address <b>14203 BAY AVENUE PANAMA CITY BEACH, FL 32413</b>
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<b>DO NOT WRITE IN THIS SPACE</b>
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01302007	No Chg-P CR2E034 (11/05)
4. FEI Number <b>11-3653239</b>	Applied For Not Applicable
5. Certificate of Status Desired <input type="checkbox"/>	<b>\$8.75</b> Additional Fee Required

<b>6. Name and Address of Current Registered Agent</b>  <b>BELL, G.L. 14203 BAY AVENUE PANAMA CITY BEACH, FL 32413</b>
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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 _____ <small>Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating)</small>	DATE _____
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<b>FILE NOW!!! FEE IS \$150.00 After May 1, 2007 Fee will be \$550.00</b>	9. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/> <b>\$5.00</b> May Be Added to Fees
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10. OFFICERS AND DIRECTORS	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<b>DCFO BELL, CHRISTOPHER 14203 BAY AVENUE PANAMA CITY BEACH, FL 32413</b>
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<b>D BELL, RHONDA 14203 BAY AVENUE PANAMA CITY BEACH, FL 32413</b>
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<b>CEO BELL, G.L. 14203 BAY AVE PANAMA CITY BEACH, FL 32413</b>
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<b>S CURTIS, HILLARY S 14203 BAY AVENUE PANAMA CITY BEACH, FL 32413</b>
TITLE NAME STREET ADDRESS CITY-ST-ZIP	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	

<p>000000653088 03/13/07-80007-005 150.00</p> <b>DO NOT WRITE IN THIS SPACE</b>
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12. I hereby certify that the information supplied with this filing does not qualify for the exemptions contained in Chapter 119, 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.

<b>SIGNATURE:</b>  <b>CHRISTOPHER BELL, DCFO</b> <small>SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR</small>	<b>03-01-07</b> <small>Date</small>	<b>N/A</b> <small>Daytime Phone #</small>
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