


2005 FOR PROFIT CORPORATION ANNUAL REPORT (AR)

FILED
Mar 29, 2005 8:00 am
Secretary of State

03-29-2005 90025 036 ***150.00

DOCUMENT # P03000017961	
1. Entity Name BEACH BUM XPRESS, INC.	

Principal Place of Business 2401 KINGSMILL AVE MELBOURNE FL 32934	Mailing Address 2401 KINGSMILL AVE MELBOURNE FL 32934
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2. Principal Place of Business 2401 KINGSMILL AVE MELBOURNE FL 32934	3. Mailing Address P.O. BOX 412108 Melbourne, FL
Suite, Apt. #, etc. Suite, Apt. #, etc.	Suite, Apt. #, etc. Suite, Apt. #, etc.
City & State 2401 KINGSMILL AVE MELBOURNE FL 32934	City & State 32941-2108 Brevard
Zip 32934	Zip 32934
Country Brevard	Country Country



1st MOORE CR2E034 (10/04)

6. Name and Address of Current Registered Agent LIPMAN, ZOLIA H 2401 KINGSMILL AVE MELBOURNE FL 32934		7. Name and Address of New Registered Agent Name Street Address (P.O. Box Number is Not Acceptable) City FL Zip Code	
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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 *Zolia H. Lipman* DATE 2-18-05
Signature, typed or printed name of registered agent and title if applicable (NOTE: Registered Agent signature required when reinstating)

FILE NOW!!! FEE IS \$150.00
After May 1, 2005 Fee Will Be \$550.00
Make Check Payable to Florida Department of State

9. Election Campaign Financing Trust Fund Contribution: ☐ **\$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 STALHOOD, ANTHONY 2401 KINGSMILL AVE MELBOURNE FL 32934 <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
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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: *Anthony W. Stalhood* 2-18-05 321-591-0287
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #