

# 2008 FOR PROFIT CORPORATION ANNUAL REPORT (AR)

**FILED**  
**Jul 21, 2008 8:00 am**  
**Secretary of State**

07-21-2008 90026 019 \*\*\*150.00

**DOCUMENT # P03000019046**

1. Entity Name

A1A BEACH REPS. INC.



Principal Place of Business

2031 BALI RD  
COCOA BEACH FL 32931

Mailing Address

2031 BALI RD  
COCOA BEACH FL 32931

2. Principal Place of Business - No P.O. Box #

1081 BALI RD  
Suite, Apt. #, etc.

3. Mailing Address

1081 BALI RD  
Suite, Apt. #, etc.

2nd MOORE

CR2E034 (4/08)

City & State

COCOA BEACH, FL

City & State

COCOA BEACH, FL

4. FEI Number

20-0678683

Applied For

Not Applicable

Zip  
32931

Country  
US

Zip  
32931

Country  
US

5. Certificate of Status Desired

☐ \$8.75 Additional  
Fee Required

6. Name and Address of Current Registered Agent

SUPER, FRANK R  
1081 BALI RD  
COCOA BEACH FL 32931

7. Name and Address of New Registered Agent

Name ERIK J. SUPER VICE PRESIDENT

Street Address (P.O. Box Number is Not Acceptable)

680 JAVA RD

City Cocoa Bch

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

Signature, typed or printed name of registered agent and title if applicable.

(NOTE: Registered Agent signature required when remitting)

FRANK R. SUPER

7/15/08

DATE

**FILE NOW!!! FEE IS \$550.00**

**DUE BY September 3, 2008**

**Make Check Payable to Florida Department of State**

S.607 193(2)(b), F.S., allows for the waiver of the \$400.00 late fee. By checking this box, the corporation certifies it did not receive prior notice. Fee to file is \$150.00 ☒

9. Election Campaign Financing  
Trust Fund Contribution. ☐

**\$5.00 May Be  
Added to Fees**

10. OFFICERS AND DIRECTORS

TITLE D ☐ Delete  
NAME SUPER, FRANK R  
STREET ADDRESS 1081 BALI RD  
CITY-ST-ZIP COCOA BEACH FL 32931

TITLE ☐ Delete  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

TITLE ☐ Delete  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

TITLE ☐ Delete  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

TITLE ☐ Delete  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

TITLE ☐ Delete  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE ☐ Change ☐ Addition  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

TITLE ☐ Change ☐ Addition  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

TITLE ☐ Change ☐ Addition  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

TITLE ☐ Change ☐ Addition  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

TITLE ☐ Change ☐ Addition  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

TITLE ☐ Change ☐ Addition  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

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.

**SIGNATURE:**

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

7/15/08 321-783-5695

Date

Daytime Phone #