

2004 FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# P03000024349

FILED
Sep 08, 2004
Secretary of State

Entity Name: BEAVER BAY COMPANY INC.

Current Principal Place of Business:

2165 BOW LANE
SAFETY HARBOR, FL 34695

New Principal Place of Business:

2724 VIA MURANO #621
CLEARWATER, FL 33764

Current Mailing Address:

2165 BOW LANE
SAFETY HARBOR, FL 34695

New Mailing Address:

PO BOX 7867
CLEARWATER, FL 33758

FEI Number: 04-3744117

FEI Number Applied For ()

FEI Number Not Applicable ()

Certificate of Status Desired ()

Name and Address of Current Registered Agent:

KOOCHIN, STEVE
2165 BOW LANE
SAFETY HARBOR, FL 34695

Name and Address of New Registered Agent:

KOOCHIN, STEVE
2724 VIA MURANO APT 621
CLEARWATER, FL 33764

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.

SIGNATURE: STEVE KOOCHIN

09/08/2004

Electronic Signature of Registered Agent

Date

In accordance with s. 607.193(2)(b), F.S., the corporation did not receive the prior notice.

Election Campaign Financing Trust Fund Contribution ().

OFFICERS AND DIRECTORS:

Title: PD () Delete
Name: KOOCHIN, STEVE
Address: 2165 BOW LANE
City-St-Zip: SAFETY HARBOR, FL 34695

Title: VD () Delete
Name: KOOCHIN, GAYLE
Address: 2165 BOW LANE
City-St-Zip: SAFETY HARBOR, FL 34695

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

Title: PD (X) Change () Addition
Name: KOOCHIN, STEVE
Address: 2724 VIA MURANO APT # 621
City-St-Zip: CLEARWATER, FL 33764

Title: VD (X) Change () Addition
Name: KOOCHIN, GAYLE
Address: 2724 VIA MURANO APT #621
City-St-Zip: CLEARWATER, FL 33764

I hereby certify that the information supplied with this filing does not qualify for the 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 electronic 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 above, or on an attachment with an address, with all other like empowered.

SIGNATURE: STEVE KOOCHIN

PD

09/08/2004

Electronic Signature of Signing Officer or Director

Date