

2004 FOR PROFIT CORPORATION ANNUAL REPORT (AR)

FILED
Apr 30, 2004 8:00 am
Secretary of State

04-30-2004 90304 046 ***150.00

DOCUMENT # P03000029582

1. Entity Name

BACK BEACH VIDEO INC



Principal Place of Business

**340 AZALEA DRIVE
PANAMA CITY BEACH FL 32413**

Mailing Address

**340 AZALEA DRIVE
PANAMA CITY BEACH FL 32413**

2. Principal Place of Business

72611 HIGHWAY 98

Suite, Apt. #, etc.

3. Mailing Address

763 WESTWOOD BEACH CIRCLE

Suite, Apt. #, etc.



MOORE CR2E034 (11/03)

City & State

PANAMA CITY, FL

Zip
32413

Country
BAY

City & State

PANAMA CITY BEACH, FL

Zip
32413

Country
BAY

4. FEI Number

57-1156292

Applied For

Not Applicable

5. Certificate of Status Desired

☐

**\$8.75 Additional
Fee Required**

6. Name and Address of Current Registered Agent

**BERTRAND, JONATHAN
340 AZALEA DRIVE
PANAMA CITY BEACH FL 32413**

7. Name and Address of New Registered Agent

Name

LINDA FOX

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

763 WESTWOOD BEACH CIRCLE

City

PANAMA CITY BEACH FL

Zip Code

32413

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 reinstating)

DATE

4-28-04

FILE NOW!!! FEE IS \$150.00

After May 1, 2004 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

TITLE VPD ☒ Delete
NAME BERTRAND, JONATHAN
STREET ADDRESS 340 AZALEA DRIVE
CITY-ST-ZIP PANAMA CITY BEACH FL 32413

TITLE PD ☒ Delete
NAME BERTRAND, KATHY
STREET ADDRESS 340 AZALEA DRIVE
CITY-ST-ZIP PANAMA CITY BEACH FL 32413

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 PRES ☒ Change ☐ Addition
NAME FOX, LINDA
STREET ADDRESS 763 WESTWOOD BEACH CIRCLE
CITY-ST-ZIP PANAMA CITY BEACH, FL 32413

TITLE VP ☒ Change ☐ Addition
NAME Verhonica, Sara
STREET ADDRESS 764 Westwood Beach Circle
CITY-ST-ZIP Panama City Beach, FL 32413

TITLE Director ☐ Change ☒ Addition
NAME Fox, Ernest
STREET ADDRESS 763 Westwood Beach Circle
CITY-ST-ZIP Panama City Beach, FL 32413

TITLE Director ☐ Change ☒ Addition
NAME Verhonica, Nick
STREET ADDRESS 764 Westwood Beach Circle
CITY-ST-ZIP Panama City Beach, FL 32413

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 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:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

4-28-04

850-249-2908