

2005 FOR PROFIT CORPORATION ANNUAL REPORT

FILED
Feb 02, 2005 8:00 am
Secretary of State

02-02-2005 90075 012 ***150.00

DOCUMENT # P03000034219

1. Entity Name
BEACH REALTY CENTER, INC.



Principal Place of Business
**508 E 3RD AVENUE
NEW SMYRNA BEACH, FL 32169**

Mailing Address
**508 E 3RD AVENUE
NEW SMYRNA BEACH, FL 32169**



2. Principal Place of Business

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

Zip

Country

Zip

Country

01272005

Chg-P

CR2E034 (10/03)

4. FEI Number

57-1160060

Applied For

Not Applicable

5. Certificate of Status Desired ☐

\$8.75 Additional
Fee Required

6. Name and Address of Current Registered Agent

7. Name and Address of New Registered Agent

**ARCHIMBAUD, TERRILL
508 E 3RD AVENUE
NEW SMYRNA BEACH, FL 32169**

Name

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

City

FL

Zip Code

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

**FILE NOW!!! FEE IS \$150.00
After May 1, 2005 Fee will be \$550.00**

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
**P
ARCHIMBAUD, JAMES
5300 S. ATLANTIC AVE., #6507
NEW SMYRNA BEACH, FL 32169** ☐ Delete

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
**Dir.
Archimbaud, James
5300 S. Atlantic Ave., #4605
New Smyrna Beach, FL 32169** ☒ Change ☐ Addition

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
**P
MC FADDEN, MARIE R
4173 SAXON DRIVE
NEW SMYRNA BEACH, FL 32169** ☐ Delete

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

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
☐ Delete

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
**Sec.
Archimbaud, Terrill
5300 S. Atlantic Ave., #4605
New Smyrna Beach, FL 32169** ☐ Change ☒ Addition

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
☐ Delete

TITLE
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STREET ADDRESS
CITY-ST-ZIP
☐ Change ☐ 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: **Terrill Archimbaud Terrill Archimbaud**

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

1-28-05 386-428-1212

Date

Daytime Phone #