

**2004 FOR PROFIT CORPORATION
ANNUAL REPORT**

DOCUMENT # P03000061105

1. Entity Name
BEACH INDUSTRIAL SUPPLY, INC.



Principal Place of Business
2020 WATKINS AVENUE
PANAMA CITY, FL 32407

Mailing Address

2020 WATKINS AVENUE
PANAMA CITY, FL 32407

2. Principal Place of Business
Suite, Apt. #, etc.
City & State
Zip Country Zip Country

3. Mailing Address

Suite, Apt. #, etc.

City & State

4. FEI Number

01212004 Chg-P CR2E034 (10/03)

35-2206116

Applied For
Not Applicable

5. Certificate of Status Desired \$8.75 Additional Fee Required

6. Name and Address of Current Registered Agent
BISHOP, JOSEPH D
2020 WATKINS AVENUE
PANAMA CITY, FL 32407

7. Name and Address of New Registered Agent
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 renewing)

DATE

FILE NOW!!! FEE IS \$150.00
After May 1, 2004 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 PD Delete
NAME BISHOP, JOSEPH D
STREET ADDRESS 2020 WATKINS AVENUE
CITY-ST-ZIP PANAMA CITY, FL 32407

TITLE Change Addition
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE VD Delete

TITLE VD, S Change Addition
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE SD Delete
NAME PHILLIPS, JAMES R
STREET ADDRESS 105 BONITA CIRCLE
CITY-ST-ZIP PANAMA CITY BEACH, FL 32408

TITLE Change Addition
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE Delete
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE Change Addition
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE Delete
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE Change Addition
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE Delete
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: *Gary Kolmetz* V.P. 04/09/04 850-258-0453
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #

66415021



04-12-2004 90245 046 ***150.00

Daytime Phone #