

## **2005 FOR PROFIT CORPORATION AMENDED ANNUAL REPORT**

DOCUMENT# P03000062892

**FILED**  
**Jun 01, 2005**  
**Secretary of State**

**Entity Name:** BEACH DEVELOPMENT CORPORATION OF THE TREASURE COAST, INC.

**Current Principal Place of Business:**

3961 SW PORT ST. LUCIE BLVD #117  
PORT ST LUCIE, FL 34953

**New Principal Place of Business:**

**Current Mailing Address:**

3961 SW PORT ST. LUCIE BLVD #117  
PORT ST LUCIE, FL 34953

**New Mailing Address:**

**FEI Number:** 80-0068641

**FEI Number Applied For ( )**

**FEI Number Not Applicable ( )**

**Certificate of Status Desired ( )**

**Name and Address of Current Registered Agent:**

FLORIDA AGENT SERVICES, INC.  
92 SADBERRY ROAD  
QUINCY, FL 323510000 US

**Name and Address of New Registered Agent:**

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: \_\_\_\_\_

Electronic Signature of Registered Agent

\_\_\_\_\_  
Date

**OFFICERS AND DIRECTORS:**

Title: PD ( ) Delete  
Name: POLLIS, ELIZABETH  
Address: 3961 SW PORT ST. LUCIE BLVD #117  
City-St-Zip: PORT ST. LUCIE, FL 34953

**ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:**

Title: PRES (X) Change ( ) Addition  
Name: POLLIS, GEORGE M  
Address: 3961 SW PORT ST. LUCIE BLVD #117  
City-St-Zip: PORT ST. LUCIE, FL 34953

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: GEORGE M. POLLIS

PRES

06/01/2005

\_\_\_\_\_  
Electronic Signature of Signing Officer or Director

\_\_\_\_\_  
Date