

# 2004 FOR PROFIT CORPORATION ANNUAL REPORT (AR)

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

04-30-2004 90299 014 \*\*\*150.00

DOCUMENT # P03000066878

1. Entity Name

BEACH PIZZA AND MORE, INC.



Principal Place of Business

9128 SE BRIDGE ROAD  
B  
HOBE SOUND FL 33455  
US

Mailing Address

9128 SE BRIDGE ROAD  
B  
HOBE SOUND FL 33455  
US

2. Principal Place of Business

9128 SE Bridge Rd

Suite Apt. #, etc.

#B

City & State

Hobe Sound

Zip

FL. 33455

Country

US

3. Mailing Address

9128 SE Bridge Rd

Suite Apt. #, etc.

#B

City & State

Hobe Sound

Zip

FL. 33455

Country

US

44001001



MOORE

CR2E034 (11/03)

4. FEI Number

81-0618453

Applied For

Not Applicable

5. Certificate of Status Desired

☐

**\$8.75** Additional  
Fee Required

6. Name and Address of Current Registered Agent

ISLAND FITNESS PALM BEACH, INC.  
165 CHILEAN AVE  
PALM BEACH FL 33480

7. Name and Address of New Registered Agent

Name Kristina Baron

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

10711 SE Jupiter Narrows Dr.

Hobe Sound

City

FL

Zip Code

33455

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

Kristina Baron

Signature, typed or printed name of registered agent and title if applicable.

(NOTE: Registered Agent signature required when reinstating)

4/20/04

DATE

**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 P ☐ Delete

NAME TOMAS, AMY K

STREET ADDRESS 10711 SE JUPITER NARROWS DR

CITY-ST-ZIP HOBE SOUND FL 33455

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

TITLE ☐ Delete

NAME

STREET ADDRESS

CITY-ST-ZIP

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE ☐ Change ☐ Addition

NAME

STREET ADDRESS

CITY-ST-ZIP

TITLE ☐ Change ☐ Addition

NAME

STREET ADDRESS

CITY-ST-ZIP

TITLE ☐ Change ☐ Addition

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STREET ADDRESS

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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]*  
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

*[Signature]* 772-546-6061  
Date Daytime Phone #