


**2005 FOR PROFIT CORPORATION  
ANNUAL REPORT**

**FILED**  
**Apr 14, 2005 08:00 AM**  
**Secretary of State**

DOCUMENT # P03000070905  
1. Entity Name  
BEACHES, BUNGALOWS, BASKETS AND BEYOND, INC.



Principal Place of Business      Mailing Address  
315 BRADFORD AVENUE      315 BRADFORD AVENUE  
ST. GEORGE ISLAND, FL 32328      ST. GEORGE ISLAND, FL 32328

**DO NOT WRITE IN THIS SPACE**



04132005      No Chg-P      CR2E034 (10/03)

4. FEI Number      Applied For  
58-2673844      Not Applicable

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

6. Name and Address of Current Registered Agent  
RUSHING, RICHARD O  
315 BRADFORD AVENUE  
ST. GEORGE ISLAND, FL 32328

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IN THIS SPACE**

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: Alisa D. Rushing, PRESIDENT      DATE: 04-13-05

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

1100000305034  
04/14/05-80066-011 150.00

10. OFFICERS AND DIRECTORS

TITLE	PRES
NAME	RUSHING, ALISA D
STREET ADDRESS	315 BRADFORD STREET
CITY-ST-ZIP	SAINT GEORGE ISLAND, FL 32328
TITLE	
NAME	
STREET ADDRESS	
CITY-ST-ZIP	
TITLE	
NAME	
STREET ADDRESS	
CITY-ST-ZIP	
TITLE	
NAME	
STREET ADDRESS	
CITY-ST-ZIP	

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IN THIS SPACE**

12. I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Section 119.07(3)(f), 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: Alisa D Rushing      Alisa D Rushing Pres      04/13/05      8509273352

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR      Date      Daytime Phone #