

2005 FOR PROFIT CORPORATION ANNUAL REPORT

FILED
Feb 09, 2005 8:00 am
Secretary of State

02-09-2005 90028 035 ***150.00

DOCUMENT # P03000073455

1. Entity Name
THIS OLD BEACH HOUSE, INC.



Principal Place of Business Mailing Address
128 36TH AVENUE SOUTH JACKSONVILLE BEACH, FL 32250 US **128 36TH AVENUE SOUTH JACKSONVILLE BEACH, FL 32250 US**

2. Principal Place of Business 3. Mailing Address
3869 GRANDE BLVD. **3869 GRANDE BLVD.**

Suite, Apt. #, etc. Suite, Apt. #, etc.
JACKSONVILLE BEACH, FL

City & State City & State
JACKSONVILLE BEACH, FL

Zip Country Zip Country
32250 DUVAL 32250 DUVAL

6. Name and Address of Current Registered Agent

QUICK, MICHAEL B
128 36TH AVENUE SOUTH
JACKSONVILLE BEACH, FL 32250



02042005 Chg-P CR2E034 (10/03)

4. FEI Number 20-0502085 Applied For Not Applicable

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

7. Name and Address of New Registered Agent

Name **MICHAEL B QUICK**
Street Address (P.O. Box Number is Not Acceptable) **3869 GRANDE BLVD.**
City **JACKSONVILLE BEACH, FL** Zip Code **32250**

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 **M. B. Quick** DATE **2/4/05**

9. Election Campaign Financing Trust Fund Contribution. \$5.00 May Be Added to Fees

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

10. OFFICERS AND DIRECTORS			11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11		
TITLE	P	<input type="checkbox"/> Delete	TITLE	<input type="checkbox"/> Change	<input type="checkbox"/> Addition
NAME	QUICK, MICHAEL B		NAME		
STREET ADDRESS	128 36TH AVENUE SOUTH		STREET ADDRESS		
CITY-ST-ZIP	JACKSONVILLE BEACH, FL 32250		CITY-ST-ZIP		
TITLE	S	<input type="checkbox"/> Delete	TITLE	<input type="checkbox"/> Change	<input type="checkbox"/> Addition
NAME	QUICK, MICHAEL B		NAME		
STREET ADDRESS	128 36TH AVENUE SOUTH		STREET ADDRESS		
CITY-ST-ZIP	JACKSONVILLE BEACH, FL 32250		CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Delete	TITLE	<input type="checkbox"/> Change	<input type="checkbox"/> Addition
NAME			NAME		
STREET ADDRESS			STREET ADDRESS		
CITY-ST-ZIP			CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Delete	TITLE	<input type="checkbox"/> Change	<input type="checkbox"/> Addition
NAME			NAME		
STREET ADDRESS			STREET ADDRESS		
CITY-ST-ZIP			CITY-ST-ZIP		
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NAME			NAME		
STREET ADDRESS			STREET ADDRESS		
CITY-ST-ZIP			CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Delete	TITLE	<input type="checkbox"/> Change	<input type="checkbox"/> Addition
NAME			NAME		
STREET ADDRESS			STREET ADDRESS		
CITY-ST-ZIP			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: **M. B. Quick** DATE **2/4/05**