


# 2008 FOR PROFIT CORPORATION ANNUAL REPORT

**FILED**  
**Mar 12, 2008 8:00 am**  
**Secretary of State**

03-12-2008 90040 001 \*\*\*150.00  
03-12-2008 90040 002 \*\*\*\*\*8.75

<b>DOCUMENT # P03000086770</b>	
1. Entity Name <b>TREATS ON THE BEACH, INC.</b>	

Principal Place of Business <b>504 FLAGLER AVE. NEW SMYRNA BCH, FL 32169</b>	Mailing Address <b>504 FLAGLER AVE. NEW SMYRNA BCH, FL 32169</b>
---	---

2. Principal Place of Business - No P.O. Box #  Suite, Apt. #, etc.	3. Mailing Address  Suite, Apt. #, etc.
City & State	City & State
Zip	Country



01152008 Chg-P CR2E034 (12/06)

4. FEI Number <b>02-0693267</b>	Applied For Not Applicable
5. Certificate of Status Desired <input checked="" type="checkbox"/> <b>\$8.75 Additional Fee Required</b>	
6. Name and Address of Current Registered Agent <b>MUSKEY, CHRISTOPHER 504 FLAGLER AVE. NEW SMYRNA BCH, FL 32169</b>	
7. Name and Address of New Registered Agent Name <b>ALICE MUSKEY</b> Street Address (P.O. Box Number is Not Acceptable) <b>5710 CORAL TRACE BLVD</b> <b>EDGEWATER, FL 32132</b> City <b>EDGEWATER</b> FL Zip Code <b>32132</b>	

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 *Alice Muskey* **ALICE MUSKEY** DATE 2/28/08

(NOTE: Registered Agent signature required when resigning)

<b>FILE NOW!!! FEE IS \$150.00</b> <b>After May 1, 2008 Fee will be \$550.00</b>	9. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/> <b>\$5.00 May Be Added to Fees</b>
---	--

10. OFFICERS AND DIRECTORS		11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	P MUSKEY, CHRISTOPHER S 779 LEEWARD DR DELTONA, FL 32738 <input checked="" type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	VP MUSKEY, JESSICA 202 N BARTON ARLINGTON, VA 22201 <input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	VP- SEC. MUSKEY, JESSICA 2202 N FAIRFAX RD ARLINGTON VA 22201 <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	ST MUSKEY, ALICE 506 CORAL TRACE BLVD EDGEWATER, FL 32122 <input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	PRM - TREASURER MUSKEY, ALICE 506 CORAL TRACE BLVD EDGEWATER, VA 22132 <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition

12. I hereby certify that the information supplied with this filing does not qualify for the exemptions contained in Chapter 119, 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 *Alice Muskey* **ALICE MUSKEY** DATE 2/28/08 570-954-7943

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR