2004 FOR PROFIT CORPORATION ANNUAL REPORT

FILED
Jan 26, 2004 8:00 am
Secretary of State
01-26-2004 90060 046 ***150.00

DOCUMENT # P03000089295

1. Entity Name
GEM BEACH, INC.

Principal Place of Business	Mailing Address
% TIMOTHY GOODWIN 8872 MISTY CREEK DRIVE SARASOTA, FL 34241	% TIMOTHY GOODWIN 8872 MISTY CREEK DRIVE SARASOTA, FL 34241

01092004 Chg-P CR2E034 (10/03)

2. Principal Place of Business	3. Mailing Address
c/o Grant Maass	c/o Grant Maass
Suite, Apt. #, etc.: P.O. Box 3866	Suite, Apt. #, etc.: P.O. Box 3866
City & State: Sarasota, FL	City & State: Sarasota, FL
Zip: 34230 Country:	Zip: 34230 Country:

4. FEI Number: 33-1068431 ☐ Applied For ☐ Not Applicable

5. Certificate of Status Desired ☐ **$8.75** Additional Fee Required

6. Name and Address of Current Registered Agent

GOODWIN, TIMOTHY H
8872 MISTY CREEK DRIVE
SARASOTA, FL 34241

7. Name and Address of New Registered Agent

Name: John M. Compton
Street Address (P.O. Box Number is Not Acceptable): 1819 Main St., Suite 610
City: Sarasota **FL** Zip Code: 34236

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: [signature] DATE: 1/19/04
Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating)

FILE NOW!!! FEE IS $150.00
After May 1, 2004 Fee will be $550.00

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

10. OFFICERS AND DIRECTORS			11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11		
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D/P/T/S Grant Maass P.O. Box 3866 Sarasota, FL 34230	☐ Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP		☐ Change ☐ Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP		☐ Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP		☐ Change ☐ Addition
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TITLE NAME STREET ADDRESS CITY-ST-ZIP		☐ Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP		☐ Change ☐ Addition

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] Date: 1/22-04 Daytime Phone #
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR