


**2005 FOR PROFIT CORPORATION  
ANNUAL REPORT**

**FILED**  
**Apr 22, 2005 08:00 AM**  
**Secretary of State**

DOCUMENT # P03000103604  
1. Entity Name  
BEACH SERVICE EAST INC.



Principal Place of Business      Mailing Address  
1021 SW 122 AVE                      1021 SW 122 AVE  
HOLLYWOOD, FL 33025                HOLLYWOOD, FL 33025

**DO NOT WRITE IN THIS SPACE**



04122005    No Chg-P    CR2E034 (10/03)

4. FEI Number      Applied For  
55-0855152              Not Applicable

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

6. Name and Address of Current Registered Agent  
  
FRENCH, SHANE F  
1021 SW 122 AVE  
HOLLYWOOD, FL 33025

**DO NOT WRITE  
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 \_\_\_\_\_ (NOTE: Registered Agent signature required when reappointing) \_\_\_\_\_ DATE \_\_\_\_\_  
Signature, typed or printed name of registered agent and file if applicable.

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

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

100000324204  
04/22/05-80084-004 150.00

**10. OFFICERS AND DIRECTORS**

TITLE	P
NAME	FRENCH, SHANE F
STREET ADDRESS	1021 SW 122 AVE
CITY - ST - ZIP	HOLLYWOOD, FL 33025
TITLE	
NAME	
STREET ADDRESS	
CITY - ST - ZIP	
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 19.07(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: Shane F French  
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

04-18-2005 796 877 0204  
Date                      Daytime Phone #