

2008 FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# P03000107729

FILED
Feb 05, 2008
Secretary of State

Entity Name: BEACHSIDE MORTGAGE SERVICES, INC.

Current Principal Place of Business:

4458 BEACON DR WEST
JACKSONVILLE, FL 32225

New Principal Place of Business:

2036 MAYPORT ROAD
ATLANTIC BEACH, FL 32233

Current Mailing Address:

4458 BEACON DR WEST
JACKSONVILLE, FL 32225

New Mailing Address:

2036 MAYPORT ROAD
ATLANTIC BEACH, FL 32233

FEI Number: 11-3704203

FEI Number Applied For ()

FEI Number Not Applicable ()

Certificate of Status Desired ()

Name and Address of Current Registered Agent:

WINKLER, GREGORY F
4458 BEACON DR WEST
JACKSONVILLE, FL 32225 US

Name and Address of New Registered Agent:

WINKLER, GREGORY F
2036 MAYPORT ROAD
ATLANTIC BEACH, FL 32233 US

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.

SIGNATURE:

02/05/2008

Electronic Signature of Registered Agent

Date

Election Campaign Financing Trust Fund Contribution ().

OFFICERS AND DIRECTORS:

Title: DP () Delete
Name: WINKLER, GREGORY F
Address: 4458 BEACON DR WEST
City-St-Zip: JACKSONVILLE, FL 32225

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

Title: PTSD (X) Change () Addition
Name: WINKLER, GREGORY F
Address: 4458 BEACON DR WEST
City-St-Zip: JACKSONVILLE, FL 32225

I hereby certify that the information supplied with this filing does not qualify for the exemption stated 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 electronic 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 above, or on an attachment with an address, with all other like empowered.

SIGNATURE: GREGORY WINKLER

PTSD

02/05/2008

Electronic Signature of Signing Officer or Director

Date