2006 FOR PROFIT CORPORATION

ANNUAL REPORT (AR) DOCUMENT # P03000110009 1. Entity Name THE BEACH COTTAGES COMPANY



FILED

Apr 12, 2006 8:00 am Secretary of State 04-12-2006 90104 013 ***150.00 Mailing Address Principal Place of Business **6857 SEA COVE AVENUE EAS** -6057 SEA COVE AVENUE EAST F. AUGUSTINE FL 32086 ST. AUGUSTINE FL 32080-7974 2. Principal Place of Business
6899 AIA South 3. Mailing Address Suite, Apt. #, etc. Suite, Apt. #, etc. 1st MOORE CR2E034 (10/05) St. August/NE 4. FEI Number Applied For City & State 20-0199594 AUGUST/NE Not Applicable 3Z080 \$8.75 Additional 5. Certificate of Status Desired 32080 USA Fee Required 6. Name and Address of Current Registered Agent 7. Name and Address of New Registered Agent Name WELLS, JERRY B Street Address (P.O. Box Number is Not Acceptable) 511 SOUTH RIDGEWOOD AVENUE DAYTONA BEACH FL 32114 City Zip Code 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, typed or printed name of registered agent and title if applicable (NOTE: Registered Agent signature required when reinstating) DATE FILE NOW!!! FEE IS \$150.00 9. Election Campaign Financing \$5.00 May Be After May 1, 2006 Fee Will Be \$550.00 Trust Fund Contribution. Added to Fees Make Check Payable to Florida Department of State OFFICERS AND DIRECTORS ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11 10. 11. TITLE ☐ Delete TITLE Change Addition KELLY, WINIFRED H NAME NAME COGT SEA COVE AVENUE EAST 9101 MELLON CT STREET ADDRESS STREET ADDRESS ST. AUGUSTINE FL 82088-7974 32080 CITY-ST-ZIP CITY-ST-ZIP Delete TITLE TITLE Change Addition NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP ☐ Change TITLE ☐ Delete TITLE ☐ Addition NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-7IP CITY-ST-7P TITLE ☐ Delete TITLE ☐ Change Addition STREET ADDRESS STREET ADDRESS

12. I hereby certify that the information supplied with this filing does not qualify for the exemptions contained in Section 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.

CITY-ST-ZIP

CITY-ST-7IP

STREET ADDRESS

CITY-ST-ZIP

TITLE

NAME STREET ADDRESS

TITLE

NAME

SIGNATURE:

CITY-ST-ZIP

STREET ADDRESS CITY-ST-7/P

STREET ADDRESS

CITY-ST-ZIP

TITLE

NAME

TITLE

NAME

☐ Delete

☐ Delete

Daytime Phone #

☐ Change

☐ Change

Addition

☐ Addition

ATTACHMENT

#-103600110009

PLEASE NOTE CHANGE OF ADDRESS EFECTIVE IMEDIATLY

NEW ADDRESS - Principal Place of Business

THE BEACH COTTAGES COMPANY
6899 A1A South
ST. AUGUSTINE, FL 32080
904-471-7170
Toll free 888-963-8272
Fax 904-461-8644

OLD ADDRESS

WINIFRED H. KELLY
The Beach Cottages Company
6857 SEACOVE AVE E
ST. AUGUSTINE, FL 32086

Thank you,

Winifred H. Kelly