


# 2008 FOR PROFIT CORPORATION ANNUAL REPORT

**FILED**  
**Apr 21, 2008 8:00 am**  
**Secretary of State**

04-21-2008 90106 017 \*\*\*158.75

DOCUMENT # P04000040126					
1. Entity Name SUGAR BEACH PROPERTIES, INC.					
Principal Place of Business 98 NORTH ANCHORS LAKE DRIVE SANTA ROSA BEACH, FL 32459			Mailing Address 98 NORTH ANCHORS LAKE DRIVE SANTA ROSA BEACH, FL 32459		
2. Principal Place of Business - No P.O. Box #		3. Mailing Address			
Suite, Apt. #, etc.		Suite, Apt. #, etc.			
City & State		City & State			
Zip		Country		Zip	
<div style="display: flex; justify-content: space-between;"> <span>04112008</span> <span>Chg-P</span> <span>CR2E034 (12/06)</span> </div>					
4. FEI Number 65-1220114				Applied For <input type="checkbox"/> Not Applicable	
5. Certificate of Status Desired <input type="checkbox"/>				\$8.75 Additional Fee Required	
6. Name and Address of Current Registered Agent  SPIEGEL & UTRERA, P.A. 1840 SW 22ND ST. 4TH FLOOR MIAMI, FL 33145			7. Name and Address of New Registered Agent		
			Name <u>James E. Smith</u>		
			Street Address (P.O. Box Number is Not Acceptable) <u>98 ANCHORS LAKE DR.</u>		
			City <u>Santa Rosa Beach</u> FL <u>32459</u>		
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.					
<div style="display: flex; justify-content: space-between;"> <div style="width: 60%;"> SIGNATURE <u>[Signature]</u>  <small>Signature, typed or printed name of registered agent and title if applicable.</small> </div> <div style="width: 35%;"> <u>James E. Smith President</u>  <small>(NOTE: Registered Agent signature required when reinstating)</small> </div> <div style="width: 5%;"> <u>4/16/08</u>  <small>DATE</small> </div> </div>					
<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"/> \$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	PD SMITH, JAMES E 98 NORTH ANCHORS LAKE DRIVE SANTA ROSA BEACH, FL 32459	<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	ST SMITH, BEVERLY W 98 NORTH ANCHORS LAKE DRIVE SANTA ROSA BEACH, FL 32459	<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	
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: <u>[Signature]</u> <u>James E. Smith</u> <u>4/16/08</u> <u>850-870-9006</u> <small>SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR</small>					

ATTACHMENT

4150-76234

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## Annual Report Online Filing

Document Number P04000040126Business Entity Name SUGAR BEACH PROPERTIES, INC.FEI Number 65 - 1220114FEI Number Status ☒ Listed Above ☐ Applied For ☐ Not ApplicableCertificate of Status Desired ☒ Yes ☐ No \$8.75 eachElection Campaign Financing Trust Fund Contribution ☐ Yes ☒ No

### Principal Place of Business

Address 98 NORTH ANCHORS LAKE DRIVE (PO Box not acceptable)Suite, Apt. #, etc. City, State SANTA ROSA BEACH, FLZip Code & Country 32459 

### Mailing Address

If your mailing address is the same as the principal address above, please check the box below. Otherwise, your mailing address.

☒ Mailing address same as principal addressAddress 98 NORTH ANCHORS LAKE DRIVESuite, Apt. #, etc. City, State SANTA ROSA BEACH, FLZip Code & Country 32459 

### Name And Address of Registered Agent

Name (Last, First, Middle, Title) , , , 

- OR -

Business to serve as RA SPIEGEL & UTRERA, P.A.

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Street Address In Florida 1840 SW 22ND ST. (PO Box not acceptable)  
Suite, Apt. #, etc. 4TH FLOOR  
City, State MIAMI, FL  
Zip Code & Country 33145 US

If there is a change in registered agent, the new agent will need to type their name in the 'Registered Agent Signature' block below to accept the designation of registered agent. RA signature must be an individual name. If the RA is a business entity, an individual must sign on their behalf. A business entity cannot serve as its own RA.

**Registered Agent Signature**

This signature must be that of the individual "signing" this document electronically or be made with the full knowledge and permission of the individual, otherwise it constitutes **forgery** under s.831.06, Florida Statutes.

**Officer/Director Name And Address****Name And Address #1**

Title PD  
Name (Last, First, Middle, Title) SMITH, JAMES, E,  
- OR -

Entity Name to serve as Officer/Director

Street Address 98 NORTH ANCHORS LAKE DRIVE  
City, State SANTA ROSA BEACH, FL  
Zip Code & Country 32459

**Name And Address #2**

Title ST  
Name (Last, First, Middle, Title) SMITH, BEVERLY, W,  
- OR -

Entity Name to serve as Officer/Director

Street Address 98 NORTH ANCHORS LAKE DRIVE  
City, State SANTA ROSA BEACH, FL  
Zip Code & Country 32459

**Name And Address #3**

Title

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# 204000040126

City, State

Zip Code &amp; Country

An individual named above or an individual signing on behalf of an entity named above must type their name in the 'Officer/Director Signature' block below. A corporate name is not allowed in this block.

Title

DIRECTOR/OFFICER

Officer/Director Signature

James E. Smith

This signature must be that of the individual "signing" this document electronically or be made with the full knowledge and permission of the individual, otherwise it constitutes **forgery** under s.831.06, Florida Statutes. The individual "signing" this document affirms that the facts stated herein are true.

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