2008 FOR PROFIT CORPORATION ANNUAL REPORT

FILED Mar 10, 2008 8:00 am Secretary of State

DOCUMENT # P04000055182 1. Entity Name BEST BEACH RENTALS & SALES, P.A.							03-10-2008 90077 025 ***150.00				
Principal Place of Business 16301 GULF BLVD. REDINGTON BEACH, FL 33708			1	lailing Address 16301 GULF BLVD. REDINGTON BEACH, FL	}					. #	
2. Principal Place of Business - No P.O. Box #				3. Mailing Address							
Suite, Apt. #, etc.				Suite, Apt. #, etc.			01032008	Chg-P	CR2E034 (1	2/06)	•
City & State				City & State		4. FEI Numb 43-204				lied For Applicable	
Zip	Country			Zip Coun		try	5. Certificate of Status Desired Sa.75 Additional Fee Required				
	6. Name	and Address of Cur	ent Regis	stered Agent -	7. Name and Address of New Registered Agent						
BYRD, JANET					Street Address (P.O. Box Number is Not Acceptable)						
16301 GULF-BLVD SAINT-PETERSBURG, FL 33708				Street Address			11 GULF BLVD				
<u></u>				City			1011	<u></u>	FL Z	ip Code	12108
28. 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									DATE	1 2	``` `
{ · ·	: :	FFF 10 \$450 00	ncing \$5.	.00 May Be			***				
After May 1, 2008 Fee will be \$550.00 Trust Fund Con							ed to Fees	,			, · · ·
10.	OFFICERS AND			CTORS		ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11					
title Name	P MARSH, GARTH F			☐ Delete IIILE						Change	Addition
STREET ADDRESS	1				ET ADDRESS						
CITY-ST-ZIP	REDINGTON BEACH, FL 33708					-ST-ZIP					
TITLE NAME				☐ Delete	Delete TITLE					Change	Addition
STREET ADDRESS				SIRE		ET ADORESS					ĺ
CITY-ST-ZIP						-ST-ZIP					
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STREET ADDRESS CITY-ST-ZIP						ET ADDRESS - ST-ZIP					:
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NAME STREET ADDRESS					NAM STRE	ET ADDRESS					
CITY-ST-ZIP -				<u> </u>	CITY	-ST-ZIP					
12. I hereby certify that the information supplied with this filling 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 pher like empowered.											