

2005 FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# P04000087025

FILED
Aug 08, 2005
Secretary of State

Entity Name: BEACHCOMBER OUTDOOR RESORT, INC.

Current Principal Place of Business:

3455 COASTAL HIGHWAY
ST. AUGUSTINE, FL 32095

New Principal Place of Business:

3455 COASTAL HIGHWAY
ST. AUGUSTINE, FL 32084

Current Mailing Address:

3455 COASTAL HIGHWAY
ST. AUGUSTINE, FL 32095

New Mailing Address:

2370 WATER PLANT ROAD
ST. AUGUSTINE, FL 32092

FEI Number: 20-2822279

FEI Number Applied For ()

FEI Number Not Applicable ()

Certificate of Status Desired (X)

Name and Address of Current Registered Agent:

ALEXANDER, J. STEPHEN
19 OLD MISSION AVENUE
ST. AUGUSTINE, FL 32084 US

Name and Address of New Registered Agent:

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: _____

Electronic Signature of Registered Agent

Date

Election Campaign Financing Trust Fund Contribution ().

OFFICERS AND DIRECTORS:

Title: PD () Delete
Name: JOYNER, ROBERT LYNN
Address: POST OFFICE BOX 305
City-St-Zip: MOORE HAVEN, FL 33471

Title: VPD () Delete
Name: WATKINS, CAROL
Address: 2370 WATERPLANT ROAD
City-St-Zip: ST. AUGUSTINE, FL 32092

Title: SD () Delete
Name: JOYNER, ROBIN
Address: 2370 WATERPLANT ROAD
City-St-Zip: ST. AUGUSTINE, FL 32092

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

Title: () Change () Addition
Name:
Address:
City-St-Zip:

Title: VPD (X) Change () Addition
Name: WATKINS, CAROL L
Address: 2370 WATERPLANT ROAD
City-St-Zip: ST. AUGUSTINE, FL 32092

Title: () Change () Addition
Name:
Address:
City-St-Zip:

I hereby certify that the information supplied with this filing does not qualify for the for the exemption stated in Section 119.07(3)(i), 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: CAROL L. WATKINS

VPD

08/08/2005

Electronic Signature of Signing Officer or Director

Date