

**2008 FOR PROFIT CORPORATION
ANNUAL REPORT**

DOCUMENT # P04000089540

1. Entity Name
FOURTEENTH BEACH, INC.



Principal Place of Business
900 W LINTON BLVD SUITE 200A
DELRAY BEACH, FL 33444

Mailing Address
900 W LINTON BLVD SUITE 200A
DELRAY BEACH, FL 33444

FILED
Mar 17, 2008 08:00 A
Secretary of State



03132008 No Chg-P CR2E034 (11/05)

DO NOT WRITE IN THIS SPACE

4. FEI Number
75-3182254

Applied For
Not Applicable

5. Certificate of Status Desired ☐ \$8.75 Additional Fee Required

6. Name and Address of Current Registered Agent

EVANS, BRUCE
190 W. PALMETTO PARK ROAD
BOCA RATON, FL 33432

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IN THIS SPACE**

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
After May 1, 2008 Fee will be \$550.00**

9. Election Campaign Financing
Trust Fund Contribution. ☐ \$5.00 May Be
Added to Fees

10. OFFICERS AND DIRECTORS

TITLE D
NAME JOSEPHSON, JAY
STREET ADDRESS 900 W LINTON BLVD SUITE 200A
CITY-ST-ZIP DELRAY BEACH, FL 33444

TITLE D
NAME EVANS, BRUCE E
STREET ADDRESS 190 W PALMETTO PARK ROAD
CITY-ST-ZIP BOCA RATON, FL 33432

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U000000859775
04/02/08-80036-013 150.00

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IN THIS SPACE**

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:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

3/13/08
Date

561-272-5355
Daytime Phone #