

2005 FOR PROFIT CORPORATION REINSTATEMENT

**FILED
Nov 07, 2005
Secretary of State**

DOCUMENT# P04000092062

Entity Name: ARIZONA BEACHES, INC.

Current Principal Place of Business:

407 N PINE MEADOW DR
DEBARRY, FL 32713

New Principal Place of Business:

Current Mailing Address:

407 N PINE MEADOW DR
DEBARRY, FL 32713

New Mailing Address:

FEI Number: FEI Number Applied For (X) FEI Number Not Applicable () Certificate of Status Desired ()

Name and Address of Current Registered Agent:

HARGROVE, ELIZABETH L
407 N PINE MEADOW DR
DEBARRY, FL 32713 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: ELIZABETH HARGROVE

Electronic Signature of Registered Agent

Date

Election Campaign Financing Trust Fund Contribution ().

OFFICERS AND DIRECTORS:

Title: D () Delete
Name: HARGROVE, ELIZABETH L
Address: 407 N PINE MEADOW DR
City-St-Zip: DEBARRY, FL 32713

Title: D () Delete
Name: HARGROVE, EDWARD T
Address: 407 N PINE MEADOW DR
City-St-Zip: DEBARRY, FL 32713

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

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

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: ELIZABETH HARGROVE

Electronic Signature of Signing Officer or Director

O/D

11/07/2005

Date