


2008 FOR PROFIT CORPORATION ANNUAL REPORT

FILED
Mar 06, 2008 08:00 AM
Secretary of State

DOCUMENT # P04000126284	
1. Entity Name BEACHSIDE BEEF'S, INC.	

Principal Place of Business 5675 N. ATLANTIC AVENUE #122 COCOA BEACH, FL 32932 US	Mailing Address 5675 N. ATLANTIC AVENUE #122 COCOA BEACH, FL 32932 US
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DO NOT WRITE IN THIS SPACE



02272008 No Chg-P CR2E034 (11/05)

4. FEI Number 20-1629299	Applied For <input type="checkbox"/> Not Applicable
5. Certificate of Status Desired <input checked="" type="checkbox"/> \$8.75 Additional Fee Required	

6. Name and Address of Current Registered Agent BOUVIER, PAUL A 3210 N. WICKHAM ROAD 5 MELBOURNE, FL 32935
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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 <u>Joseph T. Durkin</u> <small>Signature, typed or printed name of registered agent and title if applicable</small>	DATE <u>3/4/08</u> <small>(NOTE: Registered Agent signature required when reinstating)</small>

FILE NOW!!! FEE IS \$150.00 After May 1, 2008 Fee will be \$550.00	9. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/> \$5.00 May Be Added to Fees
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10. OFFICERS AND DIRECTORS	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	DTS SISLER, MICHAEL 5675 N ATLANTIC AVE #122 COCOA BEACH, FL 32932
TITLE NAME STREET ADDRESS CITY-ST-ZIP	DVP MCLACHLAN, SCOTT 5675 N ATLANTIC AVE #122 COCOA BEACH, FL 32932
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D HAGAN, JAMES 4711 BABCOCK ST. NE PALM BAY, FL 32905
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D DURKIN, JOSEPH 807 NASSAU ROAD COCOA BEACH, FL 32931
TITLE NAME STREET ADDRESS CITY-ST-ZIP	DP CONWELL, JOHN 502 TOPSAIL DRIVE ROCKLEDGE, FL 32955
TITLE NAME STREET ADDRESS CITY-ST-ZIP	

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03/21/08-80030-003 158.75

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>Joseph T. Durkin</u> <small>SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR</small>	Date <u>3/4/08</u> (321) 784-3834 <small>Daytime Phone #</small>