



**2008 FOR PROFIT CORPORATION
ANNUAL REPORT**

FILED
Apr 24, 2008 08:00 AM
Secretary of State

DOCUMENT # P04000162203			
1. Entity Name BEACHSCAPES, INC.			
Principal Place of Business 1210 W. WINNEMISSETT AVE. DELAND, FL 32720		Mailing Address 1210 W. WINNEMISSETT AVE. DELAND, FL 32720	
DO NOT WRITE IN THIS SPACE			
		04112008 No Chg-P CR2E034 (11/05)	
		4. FEI Number 20-1959997	Applied For <input type="checkbox"/> Not Applicable
		5. Certificate of Status Desired <input type="checkbox"/>	\$8.75 Additional Fee Required
6. Name and Address of Current Registered Agent VERATTI, BRUCE 1210 W. WINNEMISSETT AVE DELAND, FL 32720		DO NOT WRITE 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 _____ (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. <input type="checkbox"/> \$5.00 May Be Added to Fees	
10: OFFICERS AND DIRECTORS			
TITLE NAME STREET ADDRESS CITY-ST-ZIP	PSTD VERRATTI, BRUCE 1210 W. WINNEMISSETT AVE. DELAND, FL 32720	DO NOT WRITE IN THIS SPACE 000000918684 05/13/08-80031-018 150.00	
TITLE NAME STREET ADDRESS CITY-ST-ZIP			
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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>Bruce Verratti</u> <u>BRUCE VERRATTI</u>		04-21-08 386-848-3745	
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR		Date Daytime Phone #	