

# 2006 FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# P05000005135

Entity Name: BEACH SAND SOLUTIONS, INC.

FILED  
Apr 06, 2006  
Secretary of State

## Current Principal Place of Business:

1757 EVANS DRIVE SOUTH  
JACKSONVILLE BEACH, FL 32250

## New Principal Place of Business:

6161 NORTH MEMORIAL HIGHWAY  
2212  
TAMPA, FL 33615

## Current Mailing Address:

1757 EVANS DRIVE SOUTH  
JACKSONVILLE BEACH, FL 32250

## New Mailing Address:

FEI Number: 36-4566557      FEI Number Applied For ( )      FEI Number Not Applicable ( )      Certificate of Status Desired (X)

## Name and Address of Current Registered Agent:

SCALISE, JIM  
409 SARAH TOWERS LANE  
JACKSONVILLE, FL 32259      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 (X).

## OFFICERS AND DIRECTORS:

Title: P ( ) Delete  
Name: WEAVER, BRUCE E  
Address: 1757 EVANS DRIVE SOUTH  
City-St-Zip: JACKSONVILLE BEACH, FL 32250

Title: VP ( ) Delete  
Name: WEAVER, BARBARA M  
Address: 1757 EVANS DRIVE SOUTH  
City-St-Zip: JACKSONVILLE BEACH, FL 32250

## 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 Chapter 119, 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: BRUCE E. WEAVER

PRES

04/06/2006

\_\_\_\_\_  
Electronic Signature of Signing Officer or Director

\_\_\_\_\_  
Date