

# 2009 FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# P05000124447

FILED  
Apr 10, 2009  
Secretary of State

Entity Name: BEACH COMMUNITY MORTGAGE SERVICES, INC.

## Current Principal Place of Business:

11 RACETRACK ROAD NE  
SUITE A  
FT. WALTON BEACH, FL 32547

## New Principal Place of Business:

## Current Mailing Address:

11 RACETRACK ROAD NE  
SUITE A  
FT. WALTON BEACH, FL 32547

## New Mailing Address:

FEI Number: 20-3450673      FEI Number Applied For ( )      FEI Number Not Applicable ( )      Certificate of Status Desired ( )

## Name and Address of Current Registered Agent:

COLBERT, RICHARD M  
4 LAGUNA STREET  
SUITE 101  
FORT WALTON BEACH, FL 32548 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 ( ).

## OFFICERS AND DIRECTORS:

Title: O ( ) Delete  
Name: BROWN, ROBERT L  
Address: 800 CHOCTAW LANE  
City-St-Zip: SHALIMAR, FL 32579

Title: D/O ( ) Delete  
Name: HUGHES, A. ANTHONY  
Address: 17 EGLIN PARKWAY, SE  
City-St-Zip: FORT WALTON BEACH, FL 32548

Title: O (X) Delete  
Name: KELLEY, EDWARD L JR  
Address: 861 MACK BAYOU RD  
City-St-Zip: SANTA ROSA BCH, FL 32459 US

Title: O (X) Delete  
Name: TANO, MICHAEL N  
Address: 2409 JUNEAU LN  
City-St-Zip: NAVARRE, FL 32566 US

Title: O ( ) Delete  
Name: JOHNS, GARY E  
Address: 17 EGLIN PARKWAY SE  
City-St-Zip: FORT WALTON BEACH, FL 32548

## ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

Title: O (X) Change ( ) Addition  
Name: WOODALL, PAMELA G  
Address: 9 ISLANDVIEW DRIVE  
City-St-Zip: MARY ESTER, FL 32569

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

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

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 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: GARY E. JOHNS

O

04/10/2009

Electronic Signature of Signing Officer or Director

\_\_\_\_\_ Date