

# 2004 FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT # P93000065725

1. Entity Name  
MONIQUE'S BEACH SHOP, INC.



FILED

04 JUN 15 PM 3:49

SECRETARY OF STATE  
TALLAHASSEE, FLORIDA

Principal Place of Business  
1211 STICKNEY POINT RD  
SARASOTA, FL 34242

Mailing Address  
1211 STICKNEY POINT RD  
SARASOTA, FL 34242

2. Principal Place of Business

Suite, Apt. #, etc.

3. Mailing Address

Suite, Apt. #, etc.



04212004

Chg-P

CR2E034 (10/03)

City & State

SARASOTA

City & State

SARASOTA

4. FEI Number

59-3203681

Applied For

Not Applicable

5. Certificate of Status Desired ☐

\$8.75 Additional  
Fee Required

6. Name and Address of Current Registered Agent

ALTIER, DAVID A ESQ  
DOOLEY & DRAKE, P.A.  
1432 FIRST STREET  
SARASOTA, FL 34236

7. Name and Address of New Registered Agent

Name

Street Address (P.O. Box Number is Not Acceptable)

City

FL

Zip Code

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

Signature, typed or printed name of registered agent and title if applicable.

(NOTE: Registered Agent signature required when translating)

DATE

**FILE NOW!!! FEE IS \$150.00.**  
**After May 1, 2004 Fee will be \$550.00**

9. Election Campaign Financing ☐ \$5.00 May Be  
Trust Fund Contribution. Added to Fees

10. OFFICERS AND DIRECTORS

TITLE DP ☐ Delete  
NAME NORMAN, MONICA  
STREET ADDRESS 3257 W CROSS CREEK ROAD  
CITY-ST-ZIP SARASOTA, FL 34231

TITLE ☐ Delete  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

TITLE ☐ Delete  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

TITLE ☐ Delete  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

TITLE ☐ Delete  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

TITLE ☐ Delete  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE ☐ Change ☐ Addition  
NAME  
STREET ADDRESS  
CITY-ST-ZIP  
000038022040  
06/16/04--01059--010 \*\*\$150.00

TITLE ☐ Change ☐ Addition  
NAME  
STREET ADDRESS  
CITY-ST-ZIP  
000038022040  
06/16/04--01059--011 \*\*\$8.75

TITLE ☐ Change ☐ Addition  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

TITLE ☐ Change ☐ Addition  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

TITLE ☐ Change ☐ Addition  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

TITLE ☐ Change ☐ Addition  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

12. I hereby certify that the information supplied with this filing does not qualify 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 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:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

6/1-3-04

Date

Daytime Phone #