


2005 FOR PROFIT CORPORATION ANNUAL REPORT

FILED
Mar 14, 2005 8:00 am
Secretary of State

03-14-2005 90089 037 ***150.00

DOCUMENT # P94000089620 1. Entity Name BEACHES WOODCRAFTS, INC.	
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Principal Place of Business 102 STEWART ST ATLANTIC BEACH, FL 32233 14 DUTTON ISLAND RD E ATLANTIC BEACH, FL 32233	Mailing Address 102 STEWART ST ATLANTIC BEACH, FL 32233 14 DUTTON ISLAND RD E ATLANTIC BEACH, FL 32233
DO NOT WRITE IN THIS SPACE	



02242005 No Chg-P CR2E034 (10/03)

4. FEI Number 59-3282417	Applied For Not Applicable
5. Certificate of Status Desired <input type="checkbox"/>	\$8.75 Additional Fee Required

6. Name and Address of Current Registered Agent

HOEY, GERALD W
~~102 STEWART ST~~ 14 DUTTON ISLAND RD E
 ATLANTIC BEACH, FL 32233

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 _____ DATE _____
Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating)

FILE NOW!!! FEE IS \$150.00 After May 1, 2005 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	D HOEY, GERALD W 102 STEWART ST 14 DUTTON ISLAND RD E ATLANTIC BEACH, FL 32233
TITLE NAME STREET ADDRESS CITY-ST-ZIP	VP HOEY, DANIEL D. 102 STEWART ST 14 DUTTON ISLAND RD E ATLANTIC BEACH, FL
TITLE NAME STREET ADDRESS CITY-ST-ZIP	VP HOEY, JASON M. 102 STEWART ST 14 DUTTON ISLAND RD E ATLANTIC BEACH, FL
TITLE NAME STREET ADDRESS CITY-ST-ZIP	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	
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 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: *Gerald W Hoey* 3/8/05 904-249-0785
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #