

**2004 FOR PROFIT CORPORATION  
ANNUAL REPORT**

DOCUMENT # P94000092244

1. Entity Name  
AMBER BEACH RESORT, INC.



Principal Place of Business  
621 S. ATLANTIC AVENUE  
ORMOND BEACH, FL 32176

Mailing Address  
700 W. GRANADA BLVD., STE 201  
ORMOND BEACH, FL 32174

**FILED  
Apr 13, 2004 08:00 AM  
Secretary of State**



03262004 No Chg-P CR2E034 (10/03)

4. FEI Number 65-0560385	Applied For Not Applicable
5. Certificate of Status Desired	<input type="checkbox"/> \$8.75 Additional Fee Required

**DO NOT WRITE IN THIS SPACE**

6. Name and Address of Current Registered Agent

A.G.C., CO.  
200 S. ORANGE AVENUE  
SUITE 2300  
ORLANDO, FL 32801

**DO NOT WRITE  
IN THIS SPACE**

B. 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 reinstating)

DATE

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

9. Election Campaign Financing  
Trust Fund Contribution

\$5.00 May Be  
Added to Fees

000000111817  
04/13/04-80036-003 150.00

10. OFFICERS AND DIRECTORS

TITLE VPST  
NAME ROBBINS, STACY H  
STREET ADDRESS 700 W. GRANADA BLVD., STE 201  
CITY-ST-ZIP ORMOND BEACH, FL 32174

TITLE PD  
NAME MOSSER, THOMAS  
STREET ADDRESS 2301 RIDGE RD.  
CITY-ST-ZIP PIGEON FORGE, TN 37863

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

**DO NOT WRITE  
IN THIS SPACE**

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

Stacy Robbins

4204 386-673-7767

Date

Daytime Phone #