


# 2006 FOR PROFIT CORPORATION ANNUAL REPORT (AR)

**FILED**  
**Apr 27, 2006 08:00 AM**  
**Secretary of State**

|   |  |     |  |   |  |
|---|--|-----|--|---|--|
| <b>DOCUMENT # P95000032145</b><br>1. Entity Name<br><b>FISHERMAN'S BEACH, INC.</b>  |  |     |  |    |  |
| Principal Place of Business<br><b>209 3RD AVE.<br/>INDIAN ROCKS BEACH FL 33785</b>  |  |     | Mailing Address<br><b>209 3RD AVE.<br/>INDIAN ROCKS BEACH FL 33785</b> |   |  |
| 2. Principal Place of Business<br>Suite, Apt. #, etc.   |  |     | 3. Mailing Address<br>Suite, Apt. #, etc.                              |   |  |
| City & State  |  |     | City & State   |   |  |
| Zip   | Country  | Zip | Country  | 4. FEI Number <b>59-3309797</b>   |  |
| 5. Certificate of Status Desired <input type="checkbox"/>   |  |     |  | <b>\$8.75 Additional Fee Required</b>   |  |
| 6. Name and Address of Current Registered Agent<br><br><b>LEWARNE, MARY L<br/>209 3RD AVENUE<br/>INDIAN ROCKS BEACH FL 33785</b>  |  |     |  | 7. Name and Address of New Registered Agent<br>Name<br>Street Address (P O Box Number is Not Acceptable)<br>City <b>FL</b> 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 _____<br><small>Signature, typed or printed name of registered agent and title if applicable (NOTE: Registered Agent signature required when reinstating)</small>   |  |     |  |   |  |
| <b>FILE NOW!!! FEE IS \$150.00</b><br><b>After May 1, 2006 Fee Will Be \$550.00</b><br><b>Make Check Payable to Florida Department of State</b>   |  |     |  | 9. Election Campaign Financing<br>Trust Fund Contribution <input type="checkbox"/> <b>\$5.00 May Be Added to Fees</b>               |  |
| 10. OFFICERS AND DIRECTORS  |  |     | 11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11                  |   |  |
| TITLE<br>NAME<br>STREET ADDRESS<br>CITY - ST - ZIP  | P<br>LEWARNE, MARY LOUISE<br>209 3RD AVENUE<br>INDIAN ROCKS BEACH FL 33785 |     | TITLE<br>NAME<br>STREET ADDRESS<br>CITY - ST - ZIP                     | U00000539183<br>05/09/06-80089-007 150.00   |  |
| TITLE<br>NAME<br>STREET ADDRESS<br>CITY - ST - ZIP  | <input type="checkbox"/> Delete  |     | TITLE<br>NAME<br>STREET ADDRESS<br>CITY - ST - ZIP                     | <input type="checkbox"/> Change <input type="checkbox"/> Addition   |  |
| TITLE<br>NAME<br>STREET ADDRESS<br>CITY - ST - ZIP  | <input type="checkbox"/> Delete  |     | TITLE<br>NAME<br>STREET ADDRESS<br>CITY - ST - ZIP                     | <input type="checkbox"/> Change <input type="checkbox"/> Addition   |  |
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1st MOORE CR2E034 (10/05)

Applied For  
Not Applicable

5. Certificate of Status Desired ☐ **\$8.75 Additional Fee Required**

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 reinstating) DATE

**FILE NOW!!! FEE IS \$150.00**  
**After May 1, 2006 Fee Will Be \$550.00**  
**Make Check Payable to Florida Department of State**

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

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12. I hereby certify that the information supplied with this filing does not qualify for the exemptions contained in Section 119, 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:**  **MARY L LEWARNE** 4/27/06 722-593-7861  
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #