

**2007 FOR PROFIT CORPORATION
ANNUAL REPORT**

FILED
Mar 05, 2007 08:00 A
Secretary of State

DOCUMENT # P95000045871 1. Entity Name BEACH COLONY CORPORATION	
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Principal Place of Business 13601 PERDIDO KEY DR. PENSACOLA, FL 32505	Mailing Address 440 BAYFRONT PKWY PENSACOLA, FL 32502
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DO NOT WRITE IN THIS SPACE



02232007 No Chg-P CR2E034 (11/05)

4. FEI Number 59-3377973	Applied For ☐ Not Applicable
5. Certificate of Status Desired ☐	\$8.75 Additional Fee Required

6. Name and Address of Current Registered Agent

**RETHATI, GEORGE O
13601 PERDIDO KEY DR.
PENSACOLA, FL 32505**

**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 _____

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, 2007 Fee will be \$550.00**

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

000000654254
03/13/07-22054-018 150.00

10. OFFICERS AND DIRECTORS

TITLE NAME STREET ADDRESS CITY - ST - ZIP	PD ZOHOURI, FRED 13601 PERDIDO KEY DR. PENSACOLA, FL 32505
TITLE NAME STREET ADDRESS CITY - ST - ZIP	VP RETHATI, GEORGE 13601 PERDIDO KEY DR. PENSACOLA, FL 32505
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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 exemptions contained 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 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 another like empowered.

SIGNATURE: _____

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

3-1-07 850-439-1139