

# 2007 FOR PROFIT CORPORATION ANNUAL REPORT

**FILED**  
**Mar 06, 2007 8:00 am**  
**Secretary of State**

03-06-2007 90002 020 \*\*\*150.00

**DOCUMENT # P95000078909**

1. Entity Name  
**BEACH COLONY PROPERTIES, INC.**



Principal Place of Business  
**13601 PERDIDO KEY DR  
PENSACOLA, FL 32507**

Mailing Address  
**440 BAYFRONT PARKWAY  
PENSACOLA, FL 32502**

**40029881**



2. Principal Place of Business - No P.O. Box #  
**440 BAYFRONT PARKWAY**  
Suite, Apt. #, etc.

3. Mailing Address  
Suite, Apt. #, etc.

02232007 Chg-P CR2E034 (12/06)

City & State  
**PENSACOLA, FL**  
Zip  
**32502** Country  
**USA**

City & State  
Zip Country

4. FEI Number  
**01-0714768** 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 32507**

**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 \_\_\_\_\_ (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**

**10. OFFICERS AND DIRECTORS**

TITLE PD ☐ Delete  
NAME ZOHOURI, FRED  
STREET ADDRESS 13601 PERDIDO KEY DR  
CITY-ST-ZIP PENSACOLA, FL 32507

TITLE VP ☐ Delete  
NAME RETHATI, GEORGE  
STREET ADDRESS 13601 PERDIDO KEY DR  
CITY-ST-ZIP PENSACOLA, FL 32507

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

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

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 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 all other like empowered.

**SIGNATURE:** \_\_\_\_\_  
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

**3-1-07 850-439-1139**  
Date Daytime Phone #