## **2008 FOR PROFIT CORPORATION ANNUAL REPORT**

## Mar 31, 2008 8:00 am Secretary of State 03-31-2008 90003 003 \*\*\*150.00 **DOCUMENT # P95000078909** BEACH COLONY PROPERTIES, INC. 40054163 Principal Place of Business Mailing Address 440 BAY FRONT PKWY 440 BAYFRONT PARKWAY PENSACOLA, FL 32502 PENSACOLA, FL 32507 CR2E034 (11/05) DO NOT WRITE IN THIS SPACE 4. FEI Number Applied For 01-0714768 Not Applicable \$8.75 Additional 5. Certificate of Status Desired --- ---6. Name and Address of Current Registered Agent RETHATI, GEORGE O DO NOT WRITE 13601 PERDIDO KEY DR PENSACOLA, FL 32507 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) 9. Election Campaign Financing \$5.00 May Be FILE NOW!!! FEE IS \$150.00 After May 1, 2008 Fee will be \$550.00 Trust Fund Contribution. Added to Fees OFFICERS AND DIRECTORS 10. TITLE ZOHOURI, FRED NAME 13601 PERDIDO KEY DR STREET ADDRESS PENSACOLA, FL 32507 CITY-ST-ZIP TITLE RETHATI, GEORGE 13601 PERDIDO KEY DR STREET ADDRESS PENSACOLA, FL 32507 CITY-ST-ZIP TITLE NAME STREET ADDRESS DO NOT WRITE CITY-ST-ZIP TITLE IN THIS SPACE NAME STREET ADDRESS CITY-ST-7IP TITLE STREET ADDRESS CITY-ST-ZIP

12. I hereby certify that the information supplied with this ting does not qualify for the exemptions contained in Chapter 119, Florida Statutes. I further certify that the information indicated on this report or supplied ental 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 of the true employees 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 a process. with a large if the empowered.

SIGNATURE:

TITLE NAME STREET ADDRESS CITY-ST-7/P

ID TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Daytime Phone #

**FILED**