

2004 FOR PROFIT CORPORATION ANNUAL REPORT (AR)

FILED
Jan 29, 2004 8:00 am
Secretary of State

01-29-2004 90019 028 ***150.00

DOCUMENT # P96000019321

1. Entity Name

BEACH COOLING, INC.



Principal Place of Business

118 NO HIGHWAY 79
PANAMA CITY BEACH FL 32413

Mailing Address

118 NO HIGHWAY 79
PANAMA CITY BEACH FL 32413

2. Principal Place of Business

118 N Hwy 79
Suite, Apt. #, etc.

3. Mailing Address

118 N Hwy 79
Suite, Apt. #, etc.

City & State

Panama City Bh

Zip
32413

Country
Bay

City & State

Panama City Bh FL

Zip
32413

Country
Bay

4. FEI Number

59-3366534

Applied For

Not Applicable

5. Certificate of Status Desired ☐

\$8.75 Additional
Fee Required

6. Name and Address of Current Registered Agent

WILES, CHARLES D
118 NO HIGHWAY 79
PANAMA CITY BEACH FL 32413

7. Name and Address of New Registered Agent

Name Charles D. Wiles

Street Address (P.O. Box Number is Not Acceptable)

627 Gainous Rd.

City Panama City Bh.

FL

Zip Code 32413

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

Charles D Wiles

Signature, typed or printed name of registered agent and title if applicable.

(NOTE: Registered Agent signature required when reinstating)

1-20-04

DATE

FILE NOW!!! FEE IS \$150.00

After May 1, 2004 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

10. OFFICERS AND DIRECTORS

TITLE P ☐ Delete
NAME TURBEVILLE, RONNIE D
STREET ADDRESS 208 RANDY ROAD
CITY-ST-ZIP PANAMA CITY BEACH FL

TITLE VP ☐ Delete
NAME WILES, CHARLES
STREET ADDRESS 627 GAINOUS ROAD
CITY-ST-ZIP PANAMA CITY BEACH FL

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 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:

Charles Wiles

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

1-20-04