


2005 FOR PROFIT CORPORATION ANNUAL REPORT

FILED
Apr 30, 2005 08:00 AM
Secretary of State

DOCUMENT # P96000104003 1. Entity Name THOMAS H. BEACH FARM, INC.	
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Principal Place of Business 6400 CR 214 ST AUGUSTINE, FL 32092	Mailing Address 6400 CR 214 ST AUGUSTINE, FL 32092
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04282006 No Chg-P CR2E034 (10/03)

DO NOT WRITE IN THIS SPACE

4. FEI Number 59-3422528	Applied For Not Applicable
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6. Certificate of Status Desired <input type="checkbox"/>	\$6.75 Additional Fee Required
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8. Name and Address of Current Registered Agent

**BRANT, ABRAHAM, REITER & MCDONALD, P.A.
50 N LAURA ST, SUITE 2750
P.O. BOX 4548
JACKSONVILLE, FL 32201-4548**

DO NOT WRITE IN THIS SPACE

9. 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 retitling) DATE _____

**FILE NOW!! FEE IS \$180.00
After May 1, 2006 Fee will be \$350.00**

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

10. OFFICERS AND DIRECTORS	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D BEACH, THOMAS H 6400 CR 214 ST AUGUSTINE, FL 32092
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D BEACH, JERRY R 6530 CR 214 ST AUGUSTINE, FL 32092
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05/02/05-80007-022 150.00

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: Thomas H. Beach *THOMAS H. BEACH* **4-29-05** **904-829-9930**
SIGNATURE AND TYPED OR PRINTED NAME OF BUSINESS OFFICER OR DIRECTOR Date Daytime Phone #