


**2007 FOR PROFIT CORPORATION ANNUAL REPORT**

**FILED**  
**May 04, 2007 8:00 am**  
**Secretary of State**

05-04-2007 90069 027 \*\*\*150.00

**DOCUMENT # P96000104003**

1. Entity Name  
 THOMAS H. BEACH FARM, INC.



Principal Place of Business 6400 CR 214 ST AUGUSTINE, FL 32092	Mailing Address 6400 CR 214 ST AUGUSTINE, FL 32092
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**DO NOT WRITE IN THIS SPACE**

40104170



05022007 No Chg-P CR2E034 (11/05)

4. FEI Number 59-3422528	Applied For Not Applicable
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5. Certificate of Status Desired  **\$8.75** Additional Fee Required

6. 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**

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**  
**Due by September 14, 2007**

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

In accordance with s. 607.193(2)(b), F.S., the corporation did not receive the prior notice.

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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**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 all other like empowered.

SIGNATURE: Thomas H Beach 5/1/07 904-346-0046  
 SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #