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Feb 13, 2006  
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**2006 FOR PROFIT CORPORATION  
ANNUAL REPORT**

DOCUMENT # P97000003515

1. Entity Name  
BEACHES AUTO REPAIR, INC.



Principal Place of Business  
60 W 8TH ST  
ATLANTIC BEACH, FL 32233

Mailing Address  
823 PATRICIA LN  
JACKSONVILLE BCH, FL 32250 US



02082006 No Chg-P CR2E034 (11/05)

4. FEI Number  
59-3422926

Applied For  
Not Applicable

5. Certificate of Status Desired ☐ \$8.75 Additional  
Fee Required

**DO NOT WRITE IN THIS SPACE**

**8. Name and Address of Current Registered Agent**

MATTHEWS, CAROL S  
60 W 8TH ST  
ATLANTIC BEACH, FL 32233

**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

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

(NOTE: Registered Agent signature required when reinstating)

U00000430614  
02/22/06-80054-023 150.00

DATE

**FILE NOW!!! FEE IS \$150.00  
After May 1, 2006 Fee will be \$550.00**

9. Election Campaign Financing  
Trust Fund Contribution. ☐

**\$5.00 May Be  
Added to Fees**

**10. OFFICERS AND DIRECTORS**

TITLE D  
NAME MATTHEWS, CHARLES W  
STREET ADDRESS 823 PATRICIA LN  
CITY-ST-ZIP JACKSONVILLE BEACH, FL 32250

TITLE D  
NAME MATTHEWS, CAROL S  
STREET ADDRESS 823 PATRICIA LN  
CITY-ST-ZIP JACKSONVILLE BEACH, FL 32250

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

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TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

**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:

*Carol S. Matthews*  
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

2/7/06 (904) 241-4437  
DATE Daytime Phone #