

2005 FOR PROFIT CORPORATION ANNUAL REPORT

FILED
Jan 25, 2005 8:00 am
Secretary of State

01-25-2005 90027 016 ***150.00

DOCUMENT # P97000025849

1. Entity Name
BEACHES GYMNASTICS, INC.



Principal Place of Business
**1358 BEACH BLVD
JACKSONVILLE BEACH, FL 32250**

Mailing Address
**1358 BEACH BLVD
JACKSONVILLE BEACH, FL 32250**

40005332



2. Principal Place of Business

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

Zip

Country

Zip

Country

01112005 Chg-P CR2E034 (10/03)

4. FEI Number
59-3391921

Applied For
Not Applicable

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

6. Name and Address of Current Registered Agent

7. Name and Address of New Registered Agent

**HELM, MATT D
1358 BEACH BLVD
JACKSONVILLE BEACH, FL 32250**

Name

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

City

FL

Zip Code

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)

DATE

**FILE NOW!!! FEE IS \$150.00
After May 1, 2005 Fee will be \$550.00**

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

10. OFFICERS AND DIRECTORS

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE **P** ☐ Delete
NAME **REYNOLDS, MATT B**
STREET ADDRESS **9410 HISTOIC KINGS RD S**
CITY-ST-ZIP **JACKSONVILLE, FL 32257**

TITLE ☐ Change ☐ Addition
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE **VPS** ☐ Delete
NAME **HELM, MATT D**
STREET ADDRESS **394 WILLOW GREEN DR**
CITY-ST-ZIP **ORANGE PARK, FL 32073**

TITLE ☒ Change ☐ Addition
NAME
STREET ADDRESS **1946 St. George Ct.**
CITY-ST-ZIP **Middleburg, FL 32068**

TITLE **VPT** ☐ Delete
NAME **HELM, DANA G**
STREET ADDRESS **12190 BASALT DR S**
CITY-ST-ZIP **JACKSONVILLE, FL 32243**

TITLE ☐ Change ☐ Addition
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ Delete
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ Change ☐ Addition
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STREET ADDRESS
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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: Matt D. Helm **MATT D. Helm**

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

1-21-05

Date

(904) 278-5469

Daytime Phone #