

**2007 FOR PROFIT CORPORATION  
ANNUAL REPORT**

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

**DO NOT WRITE IN THIS SPACE**

6. Name and Address of Current Registered Agent

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

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, 2007 Fee will be \$550.00**

9. Election Campaign Financing  
Trust Fund Contribution.

\$5.00 May Be  
Added to Fees

10. OFFICERS AND DIRECTORS

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

TITLE VPS  
NAME HELM, MATT D  
STREET ADDRESS 1946 ST. GEORGE CT.  
CITY-ST-ZIP MIDDLEBURG, FL 32068

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

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

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: *Matt D. Helm*

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

**FILED  
Jan 22, 2007 08:00 AM  
Secretary of State**



01102007 No Chg-P CR2E034 (11/05)

4. FEI Number 59-3391921	<input type="checkbox"/> Applied For <input type="checkbox"/> Not Applicable
5. Certificate of Status Desired	<input type="checkbox"/> \$8.75 Additional Fee Required

**DO NOT WRITE  
IN THIS SPACE**

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Date

Daytime Phone #