



# 2004 FOR PROFIT CORPORATION ANNUAL REPORT

**FILED**  
**Apr 19, 2004 8:00 am**  
**Secretary of State**

04-19-2004 90347 045 \*\*\*150.00

<b>DOCUMENT # P97000037179</b> 1. Entity Name <b>BEACHES CORNER, INC.</b>					
Principal Place of Business <b>1 INDEPENDENT DR STE 1600 JACKSONVILLE, FL 32202 US</b>			Mailing Address <b>1 INDEPENDENT DR SUITE 1600 JACKSONVILLE, FL 32202-5009 US</b>		
2. Principal Place of Business  Suite, Apt. #, etc.		3. Mailing Address  Suite, Apt. #, etc.			
City & State  Zip      Country		City & State  Zip      Country		04072004      Chg-P      CR2E034 (10/03)	
4. FEI Number <b>59-3445087</b>				Applied For <input type="checkbox"/> Not Applicable	
5. Certificate of Status Desired <input type="checkbox"/>				<b>\$8.75 Additional Fee Required</b>	
6. Name and Address of Current Registered Agent  <b>SHIELDS, DAVID R 1 INDEPENDENT DR SUITE 1600 JACKSONVILLE, FL 32202</b>			7. Name and Address of New Registered Agent Name Street Address (P.O. Box Number is Not Acceptable) City <b>FL</b> 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 _____ <small>Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating)</small>					
<b>FILE NOW!!! FEE IS \$150.00 After May 1, 2004 Fee will be \$550.00</b>		9. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/>		<b>\$5.00 May Be Added to Fees</b>	
10. OFFICERS AND DIRECTORS			11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11		
TITLE NAME STREET ADDRESS CITY-ST-ZIP	DP LOVETT, W.R. 11 <input type="checkbox"/> Delete 1 INDEPENDENT DR STE 1600 JACKSONVILLE, FL 32202		TITLE NAME STREET ADDRESS CITY-ST-ZIP	DST bervin III, Sydney A. <input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition 1 Independent Dr, Suite 1600 Jacksonville, FL 32202	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	DVT SHIELDS, DAVID 1 INDEPENDENT DR STE 1600 JACKSONVILLE, FL 32202 <input type="checkbox"/> Delete		TITLE NAME STREET ADDRESS CITY-ST-ZIP	DVP Shields, David R. <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition 1 Independent Dr, Suite 1600 Jacksonville, FL 32202	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	S JEANNINE, MELLO <input checked="" type="checkbox"/> Delete 1 INDEPENDENT DR STE 1600 JACKSONVILLE, FL 32202		<input type="checkbox"/> Change <input type="checkbox"/> Addition		
<input type="checkbox"/> Delete			<input type="checkbox"/> Change <input type="checkbox"/> Addition		
<input type="checkbox"/> Delete			<input type="checkbox"/> Change <input type="checkbox"/> Addition		
<input type="checkbox"/> Delete			<input type="checkbox"/> Change <input type="checkbox"/> Addition		
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.					
<b>SIGNATURE:</b> _____ <b>4-8-04</b> <small>SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR      Date      Daytime Phone #</small>					