


# 2004 FOR PROFIT CORPORATION ANNUAL REPORT

**FILED**  
**Sep 09, 2004 08:00 AM**  
**Secretary of State**

<b>DOCUMENT # P97000090186</b>	
1. Entity Name BEACH BUGGIES & 4X4'S, INC.	

Principal Place of Business 1198 MAYPORT RD 101-103 ATLANTIC BEACH, FL 32233	Mailing Address 20 DONNER ROAD ATLANTIC BEACH, FL 32233
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**DO NOT WRITE IN THIS SPACE**



07262004 No Chg-P CR2E034 (10/03)

4. FEI Number 59-3474050	Applied For <input type="checkbox"/> Not Applicable
5. Certificate of Status Desired <input type="checkbox"/> \$8.75 Additional Fee Required	

6. Name and Address of Current Registered Agent  WITT, BILLY 20 DONNER ROAD ATLANTIC BEACH, FL 32233	<b>DO NOT WRITE IN THIS SPACE</b>
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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 \_\_\_\_\_

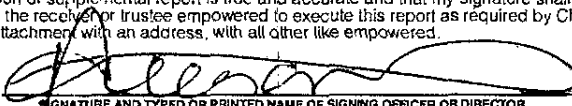
<b>FILE NOW!!! FEE IS \$150.00 Due by September 8, 2004</b>	9. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/> \$5.00 May Be Added to Fees	In accordance with s. 607.193(2)(b), F.S., the corporation did not receive the prior notice.
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10. OFFICERS AND DIRECTORS	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	DPST WITT, BILLY 1198 MAYPORT RD STE 101-103 ATLANTIC BEACH, FL 32233
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09/09/04-80002-013 150.00

**DO NOT WRITE IN THIS SPACE**

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:  7/26/04 904-242-0392  
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #