

2008 FOR PROFIT CORPORATION ANNUAL REPORT

FILED
May 05, 2008 8:00 am
Secretary of State

05-05-2008 90260 024 ***150.00

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1. Entity Name
BEACH BUGGIES & 4X4'S, INC.



Principal Place of Business
1137 MAYPORT RD.
ATLANTIC BEACH, FL 32233

Mailing Address
20 DONNER ROAD
ATLANTIC BEACH, FL 32233

2. Principal Place of Business - No P.O. Box #
1138 MAYPORT RD.

3. Mailing Address
1138 MAYPORT RD

Suite, Apt. #, etc.

Suite, Apt. #, etc.



04292008

Chg-P

CR2E034 (12/06)

City & State
ATLANTIC BEACH, FL

City & State
ATLANTIC BEACH, FL

4. FEI Number
59-3474050

Applied For
Not Applicable

Zip
32233

Country
USA

Zip
32233

Country
USA

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

6. Name and Address of Current Registered Agent

WITT, BILLY
20 DONNER ROAD
ATLANTIC BEACH, FL 32233

7. Name and Address of New Registered Agent

Name

Street Address (P.O. Box Number is Not Acceptable)
1138 MAYPORT RD

City ATLANTIC BEACH FL Zip Code 32233

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

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

Billy J. WITT

4/29/08
DATE

(NOTE: Registered Agent signature required when renewing)

FILE NOW!!! FEE IS \$150.00
After May 1, 2008 Fee will be \$550.00

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

10. OFFICERS AND DIRECTORS

TITLE DPST
NAME WITT, BILLY ☐ Delete
STREET ADDRESS 1137 MAYPORT RD.
CITY-ST-ZIP ATLANTIC BEACH, FL 32233

TITLE COV
NAME WITT, AILEENA ☐ Delete
STREET ADDRESS 1137 MAYPORT RD.
CITY-ST-ZIP ATLANTIC BEACH, FL 32233

TITLE
NAME ☐ Delete
STREET ADDRESS
CITY-ST-ZIP

TITLE
NAME ☐ Delete
STREET ADDRESS
CITY-ST-ZIP

TITLE
NAME ☐ Delete
STREET ADDRESS
CITY-ST-ZIP

TITLE
NAME ☐ Delete
STREET ADDRESS
CITY-ST-ZIP

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE SAME ☒ Change ☐ Addition
NAME
STREET ADDRESS 1138 MAYPORT RD
CITY-ST-ZIP ATLANTIC BEACH, FL 32233

TITLE SAME ☒ Change ☐ Addition
NAME
STREET ADDRESS 1138 MAYPORT RD.
CITY-ST-ZIP ATLANTIC BEACH, FL 32233

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

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

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

TITLE
NAME ☐ Change ☐ Addition
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:

Billy J. Witt
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

4/29/08
Date

AUTO Tech
President