

2005 FOR PROFIT CORPORATION ANNUAL REPORT

FILED
Mar 11, 2005 8:00 am
Secretary of State

03-11-2005 90303 050 ***150.00

DOCUMENT # P97000100772

1. Entity Name
FLORIDA BEACH & SUN, INC.



Principal Place of Business
8711 WESLEYAN DRIVE
#10-03
FORT MYERS, FL 33919-3287 US

Mailing Address
8711 WESLEYAN DRIVE
#10-03
FORT MYERS, FL 33919-3287 US

40050660



2. Principal Place of Business
1029 NE 12th Street
Suite, Apt. #, etc.

3. Mailing Address
1029 NE 12th Street
Suite, Apt. #, etc.

02242005 Chg-P CR2E034 (10/03)

City & State
Cape Coral, FL

City & State
Cape Coral, FL

4. FEI Number
65-0849228

Applied For
Not Applicable

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

Zip Country Zip Country
33909 USA 33909 USA

6. Name and Address of Current Registered Agent
MUELLER, ROMAN
8711 WESLEYAN DRIVE
10-03
FORT MYERS, FL 33919-3287

7. Name and Address of New Registered Agent
Name
Street Address (P.O. Box Number is Not Acceptable)
1029 NE 12th Street
City Cape Coral FL Zip Code 33909

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 DATE 03/07/05

Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating)

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	DP	<input type="checkbox"/> Delete		TITLE		<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition	
NAME	MUELLER, ROMAN			NAME			
STREET ADDRESS	8711 WESLEYAN DRIVE #10-03			STREET ADDRESS	1029 NE 12th Street		
CITY-ST-ZIP	FORT MYERS, FL 33919			CITY-ST-ZIP	Cape Coral, FL 33909		
TITLE		<input type="checkbox"/> Delete		TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition	
NAME				NAME			
STREET ADDRESS				STREET ADDRESS			
CITY-ST-ZIP				CITY-ST-ZIP			
TITLE		<input type="checkbox"/> Delete		TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition	
NAME				NAME			
STREET ADDRESS				STREET ADDRESS			
CITY-ST-ZIP				CITY-ST-ZIP			
TITLE		<input type="checkbox"/> Delete		TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition	
NAME				NAME			
STREET ADDRESS				STREET ADDRESS			
CITY-ST-ZIP				CITY-ST-ZIP			
TITLE		<input type="checkbox"/> Delete		TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition	
NAME				NAME			
STREET ADDRESS				STREET ADDRESS			
CITY-ST-ZIP				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: DATE 03/07/05 (239) 292-5548

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR