2004 FOR PROFIT CORPORATION ANNUAL REPORT

Mar 25, 2004 08:00 AM
Secretary of State **DOCUMENT # P98000045105** 1. Entity Name 1036 BEACH BLVD., INC. Principal Place of Business Mailing Address 2275 ATLANTIC BLVD PO BOX 330108 NEPTUNE BEACH, FL 32266 ATLANTIC BEACH, FL 32233-0108 and the second of the second 01052004 No Chg-P CR2E034 (10/03) DO NOT WRITE IN THIS SPACE Applied For 4. FEI Number 59-3512866 Not Applicable \$8.75 Additional 5. Certificate of Status Desired Fee Required 6. Name and Address of Current Registered Agent SORRELL, MARY C DO NOT WRITE 2275 ATLANTIC BLVD. NEPTUNE BEACH, FL 32266 IN THIS SPACE 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 Horlda. 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 reinstalling) 9. Election Campaign Financing \$5.00 May Be FILE NOW!!! FEE IS \$150.00 Trust Fund Contribution. After May 1, 2004 Fee will be \$550.00 Added to Fees 10. OFFICERS AND DIRECTORS TITLE DΘ HIONIDES, CHRIS NAME STREET ADDRESS 2275 ATLANTIC BLVD. CITY-5T-ZIP NEPTUNE BEACH, FL 32266 TITLE NAME STREET ADDRESS CITY-ST-ZIP NAME STREET ADDRESS DO NOT WRITE CITY-ST-7/P IN THIS SPACE titi F STREET ADDRESS CITY-ST-ZIP TITLE STREET ADDRESS CITY-ST- ZP TITLE

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 eath; that I am an officer or director of the corporation or the receiver or trustee embowered to execute this deport 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 advires, with all other like empowered.

SIGNATURE:

NAME STREET ADDRESS

SIGNATURE AND TYPED OR PRINTED HAME OF SIGNING OFFICER OR DIRECTOR

3-24-04 (904) 241-150)

FILED