

# 2006 FOR PROFIT CORPORATION ANNUAL REPORT (AR)

**FILED**  
**Feb 07, 2006 8:00 am**  
**Secretary of State**

02-07-2006 90025 021 \*\*\*150.00

**DOCUMENT # P98000070153**

1. Entity Name

EUROPEAN STREET OF BEACH, INC.



Principal Place of Business  
5500 BEACH BOULEVARD  
JACKSONVILLE FL 32207

Mailing Address  
5500 BEACH BOULEVARD  
JACKSONVILLE FL 32207



2. Principal Place of Business

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

1st MOORE

CR2E034 (10/05)

Zip

Country

Zip

Country

4. FEI Number

59-3525887

Applied For

Not Applicable

5. Certificate of Status Desired

☐

**\$8.75** Additional  
Fee Required

6. Name and Address of Current Registered Agent

7. Name and Address of New Registered Agent

MALONE, MARY M  
5500 BEACH BLVD.  
JACKSONVILLE FL 32207

Name

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

City

**FL**

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

Signature, typed or printed name of registered agent and title if applicable

(NOTE: Registered Agent signature required when reinstating)

DATE

**FILE NOW!!! FEE IS \$150.00**

**After May 1, 2006 Fee Will Be \$550.00**

**Make Check Payable to Florida Department of State**

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 D ☐ Delete  
NAME MALONE, MARY M  
STREET ADDRESS 5923 SAXONY WOODS LANE  
CITY-ST-ZIP JACKSONVILLE FL 32211

TITLE Vice-President ☐ Change ☒ Addition  
NAME Andrew J. Zarka  
STREET ADDRESS 2101 College St  
CITY-ST-ZIP Jacksonville, FL 32204

TITLE D ☐ Delete  
NAME ZARKA, LEWIS N  
STREET ADDRESS 505 LANCASTER ST.  
CITY-ST-ZIP JACKSONVILLE FL 32204

TITLE Vice-President ☐ Change ☒ Addition  
NAME Margaret McKenzie  
STREET ADDRESS 7229 Hernando Rd  
CITY-ST-ZIP Jacksonville, FL 32217

TITLE ☐ Delete  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

TITLE Vice President ☐ Change ☒ Addition  
NAME Carrie A. Zarka  
STREET ADDRESS 1914 Ibis Point Lane  
CITY-ST-ZIP Jacksonville Beach, FL 32224

TITLE ☐ Delete  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

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

TITLE ☐ Delete  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

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

TITLE ☐ Delete  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

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

12. I hereby certify that the information supplied with this filing does not qualify for the exemptions contained in Section 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:

*Mary M Malone* Mary M Malone 1/17/06 904-398-1717

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

2011

Daytime Phone #