

# 2009 FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# P98000070153

FILED  
Jan 06, 2009  
Secretary of State

Entity Name: EUROPEAN STREET OF BEACH, INC.

## Current Principal Place of Business:

5500 BEACH BOULEVARD  
JACKSONVILLE, FL 32207

## New Principal Place of Business:

## Current Mailing Address:

5500 BEACH BOULEVARD  
JACKSONVILLE, FL 32207

## New Mailing Address:

FEI Number: 59-3525887

FEI Number Applied For ( )

FEI Number Not Applicable ( )

Certificate of Status Desired ( )

## Name and Address of Current Registered Agent:

MALONE, MARY M  
5500 BEACH BLVD.  
JACKSONVILLE, FL 32207 US

## Name and Address of New Registered Agent:

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.

SIGNATURE: \_\_\_\_\_

Electronic Signature of Registered Agent

\_\_\_\_\_  
Date

Election Campaign Financing Trust Fund Contribution ( ).

## OFFICERS AND DIRECTORS:

Title: D ( ) Delete  
Name: MALONE, MARY M  
Address: 5923 SAXONY WOODS LANE  
City-St-Zip: JACKSONVILLE, FL 32211

Title: VP ( ) Delete  
Name: ZARKA, ANDREW J  
Address: 2101 COLLEGE ST  
City-St-Zip: JACKSONVILLE, FL 32204

Title: VP ( ) Delete  
Name: DOOLEY, CARRIE ZARKA  
Address: 1914 IBIS POINT LN  
City-St-Zip: JACKSONVILLE, FL 32224

Title: VP ( ) Delete  
Name: ZARKA, MARGARET  
Address: 1592 LE BARON AVE  
City-St-Zip: JACKSONVILLE, FL 32207

## ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

Title: PRES (X) Change ( ) Addition  
Name: MALONE, MARY M  
Address: 5923 SAXONY WOODS LANE  
City-St-Zip: JACKSONVILLE, FL 32211

Title: ( ) Change ( ) Addition  
Name:  
Address:  
City-St-Zip:

Title: VP (X) Change ( ) Addition  
Name: DOOLEY, CARRIE ZARKA  
Address: 459 INLAND WAY  
City-St-Zip: JACKSONVILLE, FL 32233

Title: ( ) Change ( ) Addition  
Name:  
Address:  
City-St-Zip:

I hereby certify that the information supplied with this filing does not qualify for the exemption stated 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 electronic 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 above, or on an attachment with an address, with all other like empowered.

SIGNATURE: MARY M. MALONE

PRES

01/06/2009

\_\_\_\_\_  
Electronic Signature of Signing Officer or Director

\_\_\_\_\_  
Date