


# 2005 FOR PROFIT CORPORATION ANNUAL REPORT (AR)

**FILED**  
**Feb 04, 2005 08:00 AM**  
**Secretary of State**

**DOCUMENT # P99000005381**  
 1. Entity Name  
**SOUTH BEACH DESIGNS OF TAMPA BAY, INC.**



Principal Place of Business      Mailing Address  
**245 16TH AVE. SOUTH EAST**      **245 16TH AVE. SOUTH EAST**  
**ST. PETERSBURG FL 33705**      **ST. PETERSBURG FL 33705**

2. Principal Place of Business      3. Mailing Address

Suite, Apt. #, etc.      Suite, Apt. #, etc.

City & State      City & State

Zip      Country      Zip      Country



1st MOORE      CR2E034 (10/04)

4. FEI Number      Applied For  
**59-3551857**      Not Applicable

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

6. Name and Address of Current Registered Agent  
**EICHER, M J**  
**333 22ND AVENUE SE**  
**ST. PETERSBURG FL 33705**

7. Name and Address of New Registered Agent  
 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 \_\_\_\_\_      **02/04/05-80003-011 150.00**  
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, 2005 Fee Will Be \$550.00**  
**Make Check Payable to Florida Department of State**

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

| 10. OFFICERS AND DIRECTORS                     |  | 11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11                      |  |
|--|--|--|--|
| TITLE<br>VS<br>Delete <input type="checkbox"/> | NAME<br>EICHER, M J                        | TITLE<br>Change <input type="checkbox"/> Addition <input type="checkbox"/> |  |
| STREET ADDRESS<br>245 16TH AVE. SOUTH EAST     | CITY - ST - ZIP<br>ST. PETERSBURG FL 33705 | NAME   |  |
|  |  | STREET ADDRESS   |  |
|  |  | CITY - ST - ZIP  |  |
| TITLE<br>PT<br>Delete <input type="checkbox"/> | NAME                                       | TITLE<br>Change <input type="checkbox"/> Addition <input type="checkbox"/> |  |
| STREET ADDRESS<br>245 16TH AVE. SOUTH EAST     | CITY - ST - ZIP<br>ST. PETERSBURG FL 33705 | NAME   |  |
|  |  | STREET ADDRESS   |  |
|  |  | CITY - ST - ZIP  |  |
| TITLE<br>Delete <input type="checkbox"/>       | NAME                                       | TITLE<br>Change <input type="checkbox"/> Addition <input type="checkbox"/> |  |
| STREET ADDRESS                                 | CITY - ST - ZIP                            | NAME   |  |
|  |  | STREET ADDRESS   |  |
|  |  | CITY - ST - ZIP  |  |
| TITLE<br>Delete <input type="checkbox"/>       | NAME                                       | TITLE<br>Change <input type="checkbox"/> Addition <input type="checkbox"/> |  |
| STREET ADDRESS                                 | CITY - ST - ZIP                            | NAME   |  |
|  |  | STREET ADDRESS   |  |
|  |  | CITY - ST - ZIP  |  |
| TITLE<br>Delete <input type="checkbox"/>       | NAME                                       | TITLE<br>Change <input type="checkbox"/> Addition <input type="checkbox"/> |  |
| STREET ADDRESS                                 | CITY - ST - ZIP                            | NAME   |  |
|  |  | STREET ADDRESS   |  |
|  |  | 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)(f), 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: *M. J. Eicher*      **M. J. EICHER**      **2-2-05**      **727 823 5940**  
Signature and Typed or Printed Name of Signing Officer or Director      Date      Daytime Phone #