


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 _____ U00000214214
 Signature, typed or printed name of registered agent and title if applicable (NOTE: Registered Agent signature required when reinstating) DATE 02/04/05-80003-011 150.00

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 VS Delete <input type="checkbox"/>	NAME EICHER, M J	TITLE Change <input type="checkbox"/> Addition <input type="checkbox"/>	
STREET ADDRESS 245 16TH AVE. SOUTH EAST	CITY - ST - ZIP ST. PETERSBURG FL 33705	NAME	
		STREET ADDRESS	
		CITY - ST - ZIP	
TITLE PT Delete <input type="checkbox"/>	NAME	TITLE Change <input type="checkbox"/> Addition <input type="checkbox"/>	
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		STREET ADDRESS	
		CITY - ST - ZIP	
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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 2-2-05 727 823 5940
 Signature and typed or printed name of signing officer or director Date Daytime Phone #