


# 2004 FOR PROFIT CORPORATION ANNUAL REPORT

**FILED**  
**Feb 03, 2004 08:00 AM**  
**Secretary of State**

P99000030983 1. Entity Name FLORIDA BEACHFUN SERVICE & MARKETING, INC.	
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Principal Place of Business 1100 34TH ST SOUTH SAINT PETERSBURG, FL 33711 US	Mailing Address 117 104TH AVE TREASURE ISLAND, FL 33706 US
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**DO NOT WRITE IN THIS SPACE**

4. FEI Number 65-0909965	Applied For Not Applicable
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5. Certificate of Status Desired <input type="checkbox"/>	\$8.75    00000000 00000 000000
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**6. Name and Address of Current Registered Agent**

CORNELIA, REHME  
117 104TH AVE  
TREASURE ISLAND, FL 33706

**DO NOT WRITE  
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 Florida. I am familiar with, and accept the obligations of registered agent.

SIGNATURE \_\_\_\_\_ (NOTE: Registered Agent signature required when reinstating) \_\_\_\_\_ DATE \_\_\_\_\_  
Signature, typed or printed name of registered agent and title if applicable.

**FILE NOW!!! FEE IS \$150.00**  
**After May 1, 2004 Fee will be \$550.00**

9. Election Campaign Financing  
Trust Fund Contribution.    ☐    \$5.00    000000  
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**10. OFFICERS AND DIRECTORS**

TITLE NAME STREET ADDRESS CITY-ST-ZIP	D REHME, BERND 117 104TH AVE TREASURE ISLAND, FL 33706
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TITLE NAME STREET ADDRESS CITY-ST-ZIP	D REHME, CORNELIA 117 104TH AVE TREASURE ISLAND, FL 33706
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TITLE NAME STREET ADDRESS CITY-ST-ZIP	
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02/04/04-80165-007 150.00

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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: *[Signature]* PRESIDENT    01-8-04    727-321-9766  
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR    Date    Daytime Phone #