

**2004 FOR PROFIT CORPORATION  
ANNUAL REPORT**

**FILED**  
**Apr 13, 2004 08:00 AM**  
**Secretary of State**

**DOCUMENT # P99000062090**

1. Entity Name  
**AMBER BEACH, INC.**



Principal Place of Business  
**621 S. ATLANTIC AVENUE  
ORMOND BEACH, FL 32176**

Mailing Address  
**700 W. GRANADA BLVD., STE 201  
ORMOND BEACH, FL 32174**



03262004 No Chg-P CR2E034 (10/03)

**DO NOT WRITE IN THIS SPACE**

|   |  |
|---|--|
| 4. FEI Number<br><b>59-3586876</b>                        | Applied For<br><input type="checkbox"/>  |
| 5. Certificate of Status Desired <input type="checkbox"/> | <b>\$8.75</b> Additional<br>Fee Required |

**6. Name and Address of Current Registered Agent**

**A.G.C. CO.  
200 SOUTH ORANGE AVENUE  
SUITE 2300  
ORLANDO, FL 32801**

**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 \_\_\_\_\_

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, 2004 Fee will be \$550.00**

9. Election Campaign Financing  
Trust Fund Contribution. ☐

**\$5.00** May Be  
Added to Fees

U00000111714  
04/13/04-80031-008 150.00

**10. OFFICERS AND DIRECTORS**

|   |   |
|---|---|
| TITLE<br>NAME<br>STREET ADDRESS<br>CITY-STATE-ZIP | D<br>MOSSER, THOMAS W<br>2301 RIDGE RD.<br>PIGEON FORGE, TN 37863                   |
| TITLE<br>NAME<br>STREET ADDRESS<br>CITY-STATE-ZIP | DVPS<br>ROBBINS, STACY H<br>700 W. GRANADA BLVD., STE 201<br>ORMOND BEACH, FL 32174 |
| TITLE<br>NAME<br>STREET ADDRESS<br>CITY-STATE-ZIP | D<br>ANDERSON, H. CHARLES<br>2301 RIDGE RD.<br>PIGEON FORGE, TN 37863               |
| TITLE<br>NAME<br>STREET ADDRESS<br>CITY-STATE-ZIP |   |
| TITLE<br>NAME<br>STREET ADDRESS<br>CITY-STATE-ZIP |   |
| TITLE<br>NAME<br>STREET ADDRESS<br>CITY-STATE-ZIP |   |

**DO NOT WRITE  
IN THIS SPACE**

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:**

**Stacy Robbins**

**4-2-04**  
Date

**386-673-7767**  
Daytime Phone #

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR