

**2004 FOR PROFIT CORPORATION ANNUAL REPORT**

**FILED**  
**Jul 26, 2004 8:00 am**  
**Secretary of State**

07-26-2004 90002 038 \*\*\*150.00

**DOCUMENT # P99000082220**  
 1. Entity Name  
**BEACH ESCAPE, INC.**



Principal Place of Business: **717 N. ATLANTIC AVE DAYTONA BEACH, FL 32118**  
 Mailing Address: **717 N. ATLANTIC AVE DAYTONA BEACH, FL 32118**

**J4004740**



2. Principal Place of Business: **3500 S. Atlantic Ave.**  
 3. Mailing Address: Suite, Apt. #, etc.

07152004 Chg-P CR2E034 (10/03)

City & State: **Daytona Beach Shores, FL**  
 City & State: **Daytona Beach Shores, FL**  
 Zip: **32127** Country: **USA**  
 Zip: **32127** Country: **USA**

4. FEI Number: **65-0946480**  
 Applied For:  Not Applicable  
 5. Certificate of Status Desired:  **\$8.75** Additional Fee Required

6. Name and Address of Current Registered Agent  
**BELUS, ALLEN**  
**435 S. RIDGEWOOD AVE., #210**  
**DAYTONA BEACH, FL 32114**

7. Name and Address of New Registered Agent  
 Name: **Dino Paspalakis**  
 Street Address (P.O. Box Number is Not Acceptable): **3500 S. Atlantic Ave.**  
 City: **Daytona Beach Shores** FL Zip Code: **32127**

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: **Dino Paspalakis**  
 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 Due by September 8, 2004**  
 -9- Election Campaign Financing Trust Fund Contribution.  **\$5.00** May Be Added to Fees  
 In accordance with s. 607.193(2)(b), F.S., the corporation did not receive the prior notice.

10. OFFICERS AND DIRECTORS	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	PT PASPALAKIS, DINO <del>717 N ATLANTIC AVE</del> DAYTONA BEACH, FL 32118 <input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	SVP PASPALAKIS, SOPHIE <del>717 N ATLANTIC AVE</del> DAYTONA BEACH, FL 32118 <input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition 3500 S. Atlantic Ave Daytona Beach Shores, FL 32127
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition 3500 S. Atlantic Ave Daytona Beach Shores, FL 32127
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition

12. I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Section 119.07(3)(i), 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: **Dino Paspalakis**  
 SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #