2007 FOR PROFIT CORPORATION **ANNUAL REPORT**

DOCUMENT # P99000110166

1. Entity Name SOUTH BEACH ROAD CORPORATION



FILED Feb 16, 2007 08:00 Al Secretary of State

Principal Place of Business

330 S. BEACH RD. HOBE SOUND, FL 33455 Mailing Address

330 S. BEACH RD.

HOBE SOUND, FL 33455



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01232007 No Chg-P CR2E034 (11/05)

4. FEI Number 65-1061866 Applied For Not Applicable

5. Certificate of Status Desired

\$8.75 Additional Fee Required

6. Name and Address of Current Registered Agent

DOANE, REBECCA G ESQ.

2000 PGA	NE & DOANE, P.A. BOULEVARD, STE. 4410 ALM BEACH, FL 33408		IN THIS SPACE			
the obligat	e named entity submits this statement in the plans of registered agent.	V	ed office or regist	lered agent, or both	in the State of Florida	. I am familiar with, and accept
	E NOW!!! FEE IS \$150.00 ay 1, 2007 Fee will be \$550.00	Election Campaign Finar Trust Fund Contribution.		5.00 May Be dded to Fees		
10.	OFFICERS AND DIREC	CTORS	· ·			
TITLE NAME STREET ADDRESS CITY-ST-ZIP	P PATTON, RICHARD R 1007 LOWELL RD CONCORD, MA 01742			1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1	000000637 02726707—800	700 71-018 150:00
TITLE NAME STREET ADDRESS CITY-ST-ZIP	S PETTENGILL, VIRGINIA C 37 WENHAM ROAD TOPSFIELD, MA 01983			~		raroto volvo (*) Pak Agir, sektobelik Septato Valorio (*)
TITLE NAME STREET ADDRESS CITY-ST-ZIP	T PAUL-CASEY, JENNIFER C 3 RAINBOW ROAD MARBLEHEAD, MA 01945			*	NOT WR	ITE
TITLE NAME STREET ADDRESS CITY_ST_7IP				IN T	HIS SPA	CE

12. I hereby certify that the information supplied with this filing does not qualify for the exemptions contained in Chapter 119, 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 attachmen

SIGNATURE:

TITLE NAME STREET ADDRESS CITY - ST - ZIP TITLE NAME STREET ADDRESS CITY-\$1-ZIP

ichard Pr.