## 2008 FOR PROFIT CORPORATION ANNUAL REPORT

## **DOCUMENT # S35487**

Entity Name
 BEACHMARK INN, INC.



Principal Place of Business

Mailing Address

573 SANTA ROSA BOULEVARD FT. WALTON BEACH, FL 32548 573 SANTA ROSA BOULEVARD FT. WALTON BEACH, FL 32548

## FILED Jun 16, 2008 08:00 AM Secretary of State



06032008

No Chg-P

CR2E034 (11/05)

4. FEI Number 59-3058547

Applied For Not Applicable

5. Certificate of Status Desired

\$8.75 Additional Fee Required

6. Name and Address of Current Registered Agent

DO NOT WRITE IN THIS SPACE

BRUNER, VINCENT M. 573 SANTA ROSA BOULEVARD FT. WAI TON BEACH, FL. 32548

## DO NOT WRITE IN THIS SPACE

FT. WALTON BEACH, FL 32548			IN THIS SPACE			
	named entity submits this statement for the ions of registered agent.	purpose of changing its registered	office or r	egistered agent, or bo	oth, in the State of Florida. I am lamiliar with, and accept	
SIGNATURE.	Signature, typed or printed name of registered agent and life	e if applicable. (NOTE: Registered /	ont sonature	required when reinstating)	DATE	
	LE NOW!!! FEE IS \$150.00 ue by September 12, 2008	Election Campaign Financ     Trust Fund Contribution.	ing	\$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 DIRE	CTORS				
TITLE NAME STREFT ADDRESS CITY-ST-ZIP	D BRUNER, VINCENT M. 110 EGLIN PKWY FT. WALTON BEACH, FL				V00000953153 06/16/08-80001-022 150.00	
TITLE NAME STREET ADDRESS CITY-ST-ZIP				·		
NAME STREET ADDRESS CITY-ST-ZIP			DO NOT WRITE			
TITLE NAME STREET ADDRESS CITY- ST-ZIP				IN THIS SPACE		
TITLE NAME STREET ADDRESS					•	

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 attachment with anyaddress, with all other like empowered.

CICNATIDE. Thurshurs

CITY-ST-ZIP
TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP