FILED
Apr 29, 2004 08:00
Secretary of State

2004 FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT # S77216

1. Entity Name
BEACH PIZZA PLUS, INC.

Principal Place of Business	Mailing Address
18117 GULF BLVD REDINGTON SHORES, FL 33708	18117 GULF BLVD REDINGTON SHORES, FL 33708

DO NOT WRITE IN THIS SPACE

04252004 No Chg-P CR2E034 (10/03)

4. FEI Number
59-3095559
☐ Applied For
☐ Not Applicable

5. Certificate of Status Desired ☐ **$8.75** Additional Fee Required

6. Name and Address of Current Registered Agent

GUERIN, SHAWN M.
18117 GULF BLVD
REDINGTON SHORES, FL 33708

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

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

10. OFFICERS AND DIRECTORS

TITLE	P
NAME	GUERIN, SHAWN M
STREET ADDRESS	11481 65TH AVE
CITY-ST-ZIP	SEMINOLE, FL 33772
TITLE	VP
NAME	GUERIN, PATRICIA
STREET ADDRESS	11481 65TH AVE
CITY-ST-ZIP	SEMINOLE, FL 33772
TITLE	S
NAME	KEENE, TRACEY
STREET ADDRESS	11844 102 ST
CITY-ST-ZIP	LARGO, FL 33773
TITLE	
NAME	
STREET ADDRESS	
CITY-ST-ZIP	
TITLE	
NAME	
STREET ADDRESS	
CITY-ST-ZIP	
TITLE	
NAME	
STREET ADDRESS	
CITY-ST-ZIP	

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04/29/04-80158-021 150.00

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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)(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: Tracey L Keene 4/26/04 727 398-7923
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR — Date — Daytime Phone #