2008 FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT # S77614

1. Entity Name

CENTURY 21 AT THE BEACH REALTY, INC.



FILED Feb 08, 2008 08:00 AN Secretary of State

Applied For

Principal Place of Business

Oi Dusi

4320 A1A SOUTH SUITE 8

ST AUGUSTINE, FL 32084

Mailing Address

4320 A1A SOUTH

SUITE 8

ST AUGUSTINE, FL 32084



DO NOT WRITE IN THIS SPACE

02052008	No Chg-P	CR2E034 (11/05)

59-3080927 Not Applicable

5. Certificate of Status Desired See Required

Not Applicable

\$8.75 Additional Fee Required

6. Name and Address of Current Registered Agent

DENNIS, EDWARD E 4320 A1A SOUTH SUITE 8

ST AUGUSTINE, FL 32084

DO	NOT	WR	ITE
IN .	THIS	SPA	CE

4. FEI Number

	ions of registered agent.	ырозе от спаприю из герізсеге	a once or r	egistered agent, or bo	out, in the state of F	onda, Famanilia	with, and acce	ы
SIGNATURE.	Signature, typed or printed name of registered agent and title	f applicable. (NOTE: Registered	Agent aignature	required when reinstating)		DATE		
FILE NOW!!! FEE IS \$150.00 After May 1, 2008 Fee will be \$550.00		Election Campaign Financ Trust Fund Contribution.	cing	\$5.00 May Be Added to Fees		92090 <u>1</u> -80002 - 013	150.00	
10. TITLE NAME STREET ADDRESS CITY-ST-ZIP	OFFICERS AND DIRECT PT DENNIS, EDWARD E 352 S OCEAN TRACE RD ST AUGUSTINE, FL 32080	CTORS					•	4
TITLE NAME STREET ADDRESS CITY-ST-ZIP	VS DENNIS, ALLYN M 108 E ST ST AUGUSTINE, FL 32080							
TITLE NAME STREET ADDRESS CITY-ST-ZIP				DO	NOT W	/RITE		
TITLE NAME STREET ADDRESS CITY-ST-ZIP		•		IN	THIS SI	PACE		
TITLE NAME STREET ADDRESS CITY-ST-ZIP	·					,	*	
TITLE NAME STREET ADDRESS CITY-ST-ZIP					· te			

12. I hereby certify that the information supplied with this filling 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 fustee 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:

SIGNATURE AND TOPED OR PRINTER NAME OF BIGNING OFFICER OR DIRECTOR

2/5/08 904-471-2100