

2004 FOR PROFIT CORPORATION ANNUAL REPORT

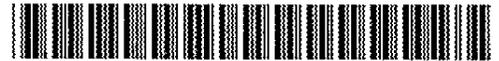
FILED
Jan 12, 2004 08:00 AM
Secretary of State

DOCUMENT # V05475
 1. Entity Name
BEACH TRAVEL OF TREASURE ISLAND, INC.



Principal Place of Business Mailing Address
 142 TREASURE ISLAND CAUSEWAY 142 TREASURE ISLAND CAUSEWAY
 TREASURE ISLAND, FL 33706 TREASURE ISLAND, FL 33706

DO NOT WRITE IN THIS SPACE



01082004 No Chg-P CR2E034 (10/03)

4. FEI Number 59-3104631	Applied For Not Applicable
5. Certificate of Status Desired	<input checked="" type="checkbox"/> \$8.75 Additional Fee Required

6. Name and Address of Current Registered Agent
 GLAVINSKAS, ALENA B.
 142 TREASURE ISLAND CAUSEWAY
 TREASURE ISLAND, FL 33706

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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 NAME STREET ADDRESS CITY-ST-ZIP	DP GLAVINSKAS, ALENA B. 14445 OAK GLEN DR LARGO, FL 33774
TITLE NAME STREET ADDRESS CITY-ST-ZIP	DST GLAVINSKAS, TOMAS J. 14445 OAK GLEN DR LARGO, FL 33774
TITLE NAME STREET ADDRESS CITY-ST-ZIP	

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 01/13/04-80017-021 158.75

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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)(f), 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: Tomas J. Glavinskas 1/8/2004
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #