

2005 FOR PROFIT CORPORATION ANNUAL REPORT

FILED

Jan 07, 2005 08:00 AM
Secretary of State

DOCUMENT # V05475

1. Entity Name
BEACH TRAVEL OF TREASURE ISLAND, INC.



Principal Place of Business
**142 TREASURE ISLAND CAUSEWAY
TREASURE ISLAND, FL 33706**

Mailing Address
**142 TREASURE ISLAND CAUSEWAY
TREASURE ISLAND, FL 33706**



01042005 No Chg-P CR2E034 (10/03)

4. FEI Number
59-3104631

Applied For
Not Applicable

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

DO NOT WRITE IN THIS SPACE

6. Name and Address of Current Registered Agent

**GLAVINSKAS, ALENA B.
142 TREASURE ISLAND CAUSEWAY
TREASURE ISLAND, FL 33706**

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

Signature, typed or printed name of registered agent and title if applicable.

(NOTE: Registered Agent signature required when reinstating)

DATE

**FILE NOW!!! FEE IS \$150.00
After May 1, 2005 Fee will be \$350.00**

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	
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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01/10/05-80017-023 158.75

12. I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Section 119.07(3)(l), 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
TOMAS J. GLAVINSKAS

1/4/05
1/4/05 227-367-1933

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #