


**2006 FOR PROFIT CORPORATION ANNUAL REPORT**

**FILED**  
**Jan 27, 2006 8:00 am**  
**Secretary of State**

01-27-2006 90021 042 \*\*\*150.00

**DOCUMENT # P04000141709**

1. Entity Name  
**A1A BEACHSIDE TITLE, INC.**



Principal Place of Business  
**1980 NORTH ATLANTIC AVENUE  
 SUITE 305  
 COCOA BEACH, FL 32931**

Mailing Address  
**663 BERMUDA ROAD  
 COCOA BEACH, FL 32931**


2. Principal Place of Business  
 Suite, Apt. #, etc.

3. Mailing Address  
**340 Jack Drive**

Suite, Apt. #, etc.  
**Cocoa Beach**

City & State  
**Florida**

Zip Country  
**32931 Brevard**



01032006 Chg-P CR2E034 (11/05)

4. FEI Number  
**20-1740789**

Applied For  
 Not Applicable

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

**6. Name and Address of Current Registered Agent**

**GILBERT, GAIL M  
 663 BERMUDA ROAD  
 COCOA BEACH, FL 32931**

**7. Name and Address of New Registered Agent**

Name  
**Gail m. Gilbert**

Street Address (P.O. Box Number is Not Acceptable)  
**340 Jack Drive**

**Cocoa Beach FL 32931**

City **FL** Zip Code

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:  **GAIL M. GILBERT**

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, 2006 Fee will be \$550.00**

9. Election Campaign Financing Trust Fund Contribution.  **\$5.00 May Be Added to Fees**

10. OFFICERS AND DIRECTORS		11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<b>P</b> GILBERT, GAIL M 663 BERMUDA ROAD COCOA BEACH, FL 32931 <input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<b>P</b> Gail m. Gilbert 340 Jack Dr Cocoa Beach FL 32931 <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<b>VP</b> PRENTICE, KAREN 1324 ESTRIDGE DRIVE ROCKLEDGE, FL 32955 <input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<b>VP</b> <input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<b>S</b> GILBERT, ROGES A 663 BERMUDA ROAD COCOA BEACH, FL 32931 <input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<b>S</b> Roger A. Gilbert 340 Jack Dr Cocoa Beach FL 32931 <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
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TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition

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 an address, with all other like empowered.

SIGNATURE:  **1-23-06 321-868-1554**

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #