

**2005 FOR PROFIT CORPORATION ANNUAL REPORT**

**FILED  
Mar 07, 2005  
Secretary of State**

DOCUMENT# P04535

Entity Name: BEACH FAMILY CONDO, INC.

**Current Principal Place of Business:**

6213 THOMAS DRIVE  
#603  
PANAMA CITY BEACH, FL 32407 US

**New Principal Place of Business:**

**Current Mailing Address:**

PO BOX 1116  
THOMASVILLE, GA 317991116 US

**New Mailing Address:**

FEI Number: 58-1588312      FEI Number Applied For ( )      FEI Number Not Applicable ( )      Certificate of Status Desired ( )

**Name and Address of Current Registered Agent:**

ALLEN, M.H.  
6213 THOMAS DRIVE  
PANAMA CITY, FL 32407 US

**Name and Address of New Registered Agent:**

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.

SIGNATURE:

\_\_\_\_\_  
Electronic Signature of Registered Agent

\_\_\_\_\_  
Date

Election Campaign Financing Trust Fund Contribution ( ).

**OFFICERS AND DIRECTORS:**

Title: P ( ) Delete  
Name: ALLEN, MH  
Address: 114 PONY CIRCLE  
City-St-Zip: THOMASVILLE, GA 31792

Title: S ( ) Delete  
Name: ALLEN, KATHY  
Address: 114 PONY CIRCLE  
City-St-Zip: THOMASVILLE, GA 31792

Title: VP ( ) Delete  
Name: ALLEN, ABBEY L  
Address: 114 PONY CIRCLE  
City-St-Zip: THOMASVILLE, GA 31792

Title: VP ( ) Delete  
Name: ALLEN, KARI M  
Address: 14 PONY CIRCLE  
City-St-Zip: THOMASVILLE, GA 31792

**ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:**

Title: ( ) Change ( ) Addition  
Name:  
Address:  
City-St-Zip:

Title: ( ) Change ( ) Addition  
Name:  
Address:  
City-St-Zip:

Title: ( ) Change ( ) Addition  
Name:  
Address:  
City-St-Zip:

Title: ( ) Change ( ) Addition  
Name:  
Address:  
City-St-Zip:

I hereby certify that the information supplied with this filing does not qualify for the 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 electronic 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 above, or on an attachment with an address, with all other like empowered.

SIGNATURE: MH ALLEN

P

03/07/2005

\_\_\_\_\_  
Electronic Signature of Signing Officer or Director

\_\_\_\_\_  
Date