## 2004 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

## DOCUMENT# N99000001910

FILED Apr 28, 2004 Secretary of State

Entity Name: SUNSET BEACH/300 OCEAN MILE UTILITY COOPERATIVE, INC.

Current Principal Place of Business:		New Principal Place of Business:		
431 WAVE TALLAHA	ERLY RD. SSEE, FL 3231	2		
Current Mailing Address:			New Mailing Address:	
431 WAVE TALLAHA	ERLY RD. SSEE, FL 3231	2		
FEI Number	: 59-3576845	FEI Number Applied For ( )	FEI Number Not Applicable ( )	Certificate of Status Desired ( )
Name and	l Address of C	urrent Registered Agent:	Name and Address	of New Registered Agent:
ISAACS, E 431 WAVE		2 US		
The above	named entity s		ourpose of changing its registere	ed office or registered agent, or both,
The above	named entity se of Florida.		ourpose of changing its registere	ed office or registered agent, or both,
The above	named entity s e of Florida. RE:			ed office or registered agent, or both,  Date
The above in the State SIGNATU	named entity s e of Florida. RE:	submits this statement for the particles in the particles in Signature of Registered Agr	ent	
The above in the State SIGNATU	e named entity see of Florida.  RE: Electron S AND DIRECT	submits this statement for the partic Signature of Registered Age  FORS:  Delete  RD.	ent	Date
The above in the State SIGNATUI  OFFICER  Title: Name: Address:	e named entity se of Florida.  RE:  Electron  S AND DIRECTOR  PD ()  WYNOT, ED  431 WAVERLY  ALLAHASSEE, I	submits this statement for the price Signature of Registered Age  FORS:  Delete  RD. FL 32312  Delete  .EN RD.	ent  ADDITIONS/CHANG  Title: Name: Address:	Date SES TO OFFICERS AND DIRECTORS

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 617, Florida Statutes; and that my name appears above, or on an attachment with an address, with all other like empowered.

SIGNATURE: DAN LEE ISAACS DIR 04/28/2004