FILED
Jan 24, 2004 08:00 AM
Secretary of State

2004 FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT # 314448

1. Entity Name
SUNSET BEACH INC

Principal Place of Business	Mailing Address
103 77TH STREET HOLMES BEACH, FL 34217	7982 TIMBERLAKE DR WEST MELBOURNE, FL 32904

DO NOT WRITE IN THIS SPACE

01082004 No Chg-P CR2E034 (10/03)

4. FEI Number
59-1200624
☐ Applied For
☐ Not Applicable

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

6. Name and Address of Current Registered Agent

FRONK, ROBERT H
7982 TIMBERLAKE DR.
WEST MELBOURNE, FL 32904

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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	VP
NAME	FRONK, ROBERT H
STREET ADDRESS	7982 TIMBERLAKE DRIVE
CITY-ST-ZIP	WEST MELBOURNE, FL 32904
TITLE	T
NAME	FRONK, NITA
STREET ADDRESS	117 PORTLAND AVE S #302
CITY-ST-ZIP	MINNEAPOLIS, MN 55401
TITLE	S
NAME	FRONK, MARCA D
STREET ADDRESS	7982 TIMBERLAKE DR
CITY-ST-ZIP	WEST MELBOURNE, FL
TITLE	P
NAME	FRONK, MICHAEL
STREET ADDRESS	117 PORTLAND AVE S #302
CITY-ST-ZIP	MINNEAPOLIS, MN 55401
TITLE	
NAME	
STREET ADDRESS	
CITY-ST-ZIP	
TITLE	
NAME	
STREET ADDRESS	
CITY-ST-ZIP	

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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)(i), 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: _____ Robert H. Fronk 1-15-04 321-727-3296
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR — Date — Daytime Phone #