

2005 FOR PROFIT CORPORATION ANNUAL REPORT

FILED
Jan 18, 2005 08:00 AM
Secretary of State

DOCUMENT # 314448 1. Entity Name SUNSET BEACH INC	
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Principal Place of Business 103 77TH STREET HOLMES BEACH, FL 34217	Mailing Address 7982 TIMBERLAKE DR WEST MELBOURNE, FL 32904
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01042005 No Chg-P CR2E034 (10/03)

DO NOT WRITE IN THIS SPACE

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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**DO NOT WRITE
IN THIS SPACE**

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 \$550.00	9. Election Campaign Financing Trust Fund Contribution. ☐ \$5.00 May Be Added to Fees
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10. OFFICERS AND DIRECTORS	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	VP FRONK, ROBERT H 7982 TIMBERLAKE DRIVE WEST MELBOURNE, FL 32904
TITLE NAME STREET ADDRESS CITY-ST-ZIP	T FRONK, NITA 117 PORTLAND AVE S #302 MINNEAPOLIS, MN 55401
TITLE NAME STREET ADDRESS CITY-ST-ZIP	S FRONK, MARCA D 7982 TIMBERLAKE DR WEST MELBOURNE, FL
TITLE NAME STREET ADDRESS CITY-ST-ZIP	P FRONK, MICHAEL 117 PORTLAND AVE S #302 MINNEAPOLIS, MN 55401
TITLE NAME STREET ADDRESS CITY-ST-ZIP	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	

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01/20/05-80030-001 150.00

**DO NOT WRITE
IN THIS SPACE**

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, V.P.** 1-10-05 321-727-3296
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #