2005 FOR PROFIT CORPORATION ANNUAL REPORT

FILED
Apr 15, 2005 8:00 am
Secretary of State
04-15-2005 90108 041 ***150.00

DOCUMENT # P01000114799

1. Entity Name
ROCK BEACH WOODY, INC.

Principal Place of Business	Mailing Address
7019 N OCEAN SHORE BLVD PALM COAST, FL 32127	7019 N OCEAN SHORE BLVD PALM COAST, FL 32127

200345560

04122005 Chg-P CR2E034 (10/03)

2. Principal Place of Business	3. Mailing Address
4830 IRVING ST.	4830 IRVING, ST.
Suite, Apt. #, etc.	Suite, Apt. #, etc.
City & State: HASTINGS, FL.	City & State: HASTINGS, FL.
Zip: 32145 Country: USA	Zip: 32145 Country: USA

4. FEI Number 59-3761200 ☐ Applied For ☐ Not Applicable

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

6. Name and Address of Current Registered Agent

PILE, KEVIN
7019 N OCEAN SHORE BLVD
PALM COAST, FL 32127

7. Name and Address of New Registered Agent

Name KEVIN PILE
Street Address (P.O. Box Number is Not Acceptable)
4830 IRVING ST
City HASTINGS FL Zip Code 32145

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] 4-12-05
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

10. OFFICERS AND DIRECTORS			11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11	
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	D PILE, KEVIN 7019 N OCEAN SHORE BLVD PALM COAST, FL 32127	☐ Delete	TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	JULIE MENDIUK PILE 4830 IRVING ST, FL. HASTINGS, FL. 32145 ☐ Change ☒ Addition
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP		☐ Delete	TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	☐ Change ☐ Addition
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TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP		☐ Delete	TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	☐ Change ☐ Addition

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: [signature] KEVIN PILE 4-12-05 904 814-2050
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR — Date — Daytime Phone #