2004 FOR PROFIT CORPORATION ANNUAL REPORT (AR)

## Feb 04, 2004 8:00 am **Secretary of State** DOCUMENT # P94000094112 1. Entity Name 02-04-2004 90025 042 \*\*\*150.00 SUNSET BEACH PROPERTIES, INC. Principal Place of Business Mailing Address 9600 W. GULF BLVD TREASURE ISLAND FL 33706 > KENNETH BROWN **リスリリルスリリ** 10217 PARADISE BLVD TREASURE ISLAND FL 33706 2. Principal Place of Busines 3. Mailing Address 28 Suite, Apt. #, etc. MOORE CR2E034 (11/03) City & State City & State Applied For 4. FEI Number 59-3289860 MEASUNA Not Applicable Zip Country \$8.75 Additional 5. Certificate of Status Desired Fee Required and Address of Current Registered Agent 7. Name and Address of New Registered Agent Name. ... KENNETH BROWN Street Address (P.O. Box Number is Not Acceptable) 10217 PARADISE BLVD TREASURE ISLAND FL 33706 Zip Code FL 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 or printed name of registered agent and title if applicable FILE NOW!!! FEE IS \$150.00 Election Campaign Financing \$5.00 May Be After May 1; 2004 Fee will be \$550.00 Trust Fund Contribution. Added to Fees Make Check Payable to Florida Department of State 10. OFFICERS AND DIRECTORS ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11 11. TITLE ☐ Delete TITLE ☐ Change ☐ Addition BROWN, KENNETH NAME NAME STREET ADDRESS 10217 PARADISE RD STREET ADDRESS CITY-ST-ZIP TREASURE ISLAND FL 33706 CITY-ST-ZIP TITLE ☐ Delete ☐ Change ☐ Addition NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP ☐ Delete TITLE Change Addition - NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP TITLE ☐ Delete ☐ Change THE ☐ Addition: NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP TITLE Delete TITLE Change ☐ Addition NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP TITLE ☐ Delete TITLE ☐ Change ☐ Addition NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP 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

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 is changed, or on an attachment with an address, will all other like empowered.

SIGNATURE: \_\_

ATURE (NO WHED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

1/28/04 (727) 647-8657

FILED