

**2005 FOR PROFIT CORPORATION
ANNUAL REPORT**

FILED
Feb 11, 2005 08:00 AM
Secretary of State

DOCUMENT # P96000087338

1. Entity Name
STEEL BEACH PRODUCTIONS, INCORPORATED



Principal Place of Business
**8301 CPYRESS PLAZA DRIVE
STE 100
JACKSONVILLE, FL 32256 US**

Mailing Address
**8301 CPYRESS PLAZA DR
STE 100
JACKSONVILLE, FL 32256 US**



01202005 No Chg-P CR2E034 (10/03)

DO NOT WRITE IN THIS SPACE

4. FEI Number
59-3405757

Applied For
Not Applicable

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

6. Name and Address of Current Registered Agent

**KENNY, ROBERT L
8301 CPYRESS PLAZA DR
STE 100
JACKSONVILLE, FL 32256**

**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

2/09/05

**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

TITLE PD
NAME KENNY, ROBERT L
STREET ADDRESS 8301 CYPRESS PLAZA DR STE 100
CITY-ST-ZIP JACKSONVILLE, FL 32256

TITLE S
NAME KENNY, NORA
STREET ADDRESS 8301 CYPRESS PLAZA DR #100
CITY-ST-ZIP JACKSONVILLE, FL 32256

TITLE T
NAME CARROLL, WILLIAM
STREET ADDRESS 8301 CYPRESS PLAZA DR #100
CITY-ST-ZIP JACKSONVILLE, FL 32256

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE
NAME
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CITY-ST-ZIP

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP

000000225209
02/11/05-80031-016 150.00

**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:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

1/20/05

904-296-2743