

**2004 FOR PROFIT CORPORATION
ANNUAL REPORT**

FILED
Apr 23, 2004 08:00 AM
Secretary of State

DOCUMENT # P99000021053

1. Entity Name
STEEL BEACH INTERNATIONAL, INC.



Principal Place of Business
**8301 CYPRESS PLAZA DRIVE
SUITE 100
JACKSONVILLE, FL 32256**

Mailing Address
**8301 CYPRESS PLAZA DRIVE
SUITE 100
JACKSONVILLE, FL 32256**



04082004 No Chg-P CR2E034 (10/03)

DO NOT WRITE IN THIS SPACE

4. FEI Number
59-3561431

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 CYPRESS PLAZA DRIVE
SUITE 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

Robert L. Kenny
Signature, typed or printed name of registered agent and the applicable

(NOTE: Registered Agent signature required when reinstating)

DATE

April 8, 2004

**FILE NOW!!! FEE IS \$150.00
After May 1, 2004 Fee will be \$350.00**

9. Election Campaign Financing
Trust Fund Contribution. ☐ **\$5.00 May Be
Added to Fees**

10. OFFICERS AND DIRECTORS

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

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

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

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP

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04/23/04-80061-005 150.00

**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:

Nora Kenny
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

4/8/04
904-296-2743