


**2004 FOR PROFIT CORPORATION
ANNUAL REPORT**

FILED
May 03, 2004 08:00 AM
Secretary of State

DOCUMENT # S19591 1. Entity Name SUMMER BEACH REALTY, INC.	
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Principal Place of Business 5456 FIRST COAST HWY AMELIA ISLAND, FL 32034 US	Mailing Address 5456 FIRST COAST HWY AMELIA ISLAND, FL 32034 US
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04272004 No Chg-P CR2E034 (10/03)

4. FEI Number 59-3041074	Applied For Not Applicable
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5. Certificate of Status Desired <input type="checkbox"/>	\$8.75 Additional Fee Required
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DO NOT WRITE IN THIS SPACE

6. Name and Address of Current Registered Agent

KORSOG, KEITH M.
5456 FIRST COAST HWY.
AMELIA ISLAND, FL 32034

**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 w/ an reinstating) DATE _____

FILE NOW!!! FEE IS \$150.00
After May 1, 2004 Fee will be \$550.00

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

000000154580
05/05/04-80002-023 150.00

10. OFFICERS AND DIRECTORS	
TITLE NAME STREET ADDRESS CITY - ST - ZIP	P SANDS, JAMES U. 5456 FIRST COAST HWY AMELIA ISLAND, FL
TITLE NAME STREET ADDRESS CITY - ST - ZIP	D WINSTON, JAMES H. 4700 AMELIA ISLAND PKWY AMELIA ISLAND, FL
TITLE NAME STREET ADDRESS CITY - ST - ZIP	TS KORSOG, KEITH M 4700 AMELIA ISLAND PKWY AMELIA ISLAND, FL
TITLE NAME STREET ADDRESS CITY - ST - ZIP	
TITLE NAME STREET ADDRESS CITY - ST - ZIP	
TITLE NAME STREET ADDRESS CITY - ST - ZIP	

**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)(f), 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: Keith M. Korsog **KEITH M. KORSOG** 4/29/04 (904) 277-6936
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #