## 2005 FOR PROFIT CORPORATION ANNUAL REPORT

## FILED Apr 22, 2005 08:00 AM Secretary of State

ANNUAL REPORT	Apr 22, 2005 06:00
DOCUMENT # 686450  1. Entity Name SEACO SUPPLY CORPORATION	Secretary of Sta
Principal Place of Business Mailing Address 1029 N. FLORIDA MANGO RD. P.O. BOX 17558 BAY #8 WEST PALM BEACH, FL 33409 US WEST PALM BEACH, FL 33409 US	6-7558 US
DO NOT WRITE IN THIS SPA	04022005 No Chg-P CR2E034 (10/03)
6. Name and Address of Current Registered Agent	
KROESEN, CHRISTOPHER C 1029 N. FLORIDA MANGO RD. BAY #8 WEST PALM BEACH, FL 33409	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 life 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  Trust Fund Contribution.   Added to Fees	
10. OFFICERS AND DIRECTORS	
TITLE S NAME KROESEN, MARTHA STREET ADDRESS 225 - 30TH ST. CITY-ST-ZIP W PALM BCH FL,	U00000324980
TITLE DPT NAME KROESEN, CHRISTOPHER C. STREET ADDRESS 1029 N. FLORIDA MANGO RD., BAY #8 CITY-ST-ZIP WEST PALM BEACH, FL 33409 TITLE V	U00000324980 
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
TITLE NAME STREET ADDRESS CITY-ST-ZIP TILE	

12. I hereby certify that the information supplied with this filling does not qualify for the exemption stated in Section 119.07(3)(1). 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:

NAME STREET ADDRESS CITY+ST-ZIP

SIGNATURE AND TO BE OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

4/19/05 (56) 712-8235