


2007 FOR PROFIT CORPORATION - ANNUAL REPORT (AR)

FILED
Apr 23, 2007 08:00 AM
Secretary of State

| | |
|---|---|
| DOCUMENT # 686450 1. Entity Name SEACO SUPPLY CORPORATION |  |
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| | |
|--|---|
| Principal Place of Business 1029 N. FLORIDA MANGO RD. BAY #8 WEST PALM BEACH FL 33409 US | Mailing Address P.O. BOX 17558 WEST PALM BEACH FL 33416-7558 US |
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|---|---|
| 2. Principal Place of Business - No P.O. Box # Suite, Apt. #, etc. | 3. Mailing Address Suite, Apt. #, etc. |
|---|---|

1st MOORE CR2E034 (10/06)

| | | | |
|-------------------------|-------------------------|---------------------------------|--|
| City & State Zip | City & State Zip | 4. FEI Number 59-2025065 | Applied For <input type="checkbox"/> Not Applicable |
|-------------------------|-------------------------|---------------------------------|--|

| | |
|--|---|
| 6. Name and Address of Current Registered Agent KROESEN, CHRISTOPHER C 1029 N. FLORIDA MANGO RD. BAY #8 WEST PALM BEACH FL 33409 | 7. Name and Address of New Registered Agent Name Street Address (P.O. Box Number is Not Acceptable) City |
|--|---|

| | |
|---|---------------------------------------|
| 5. Certificate of Status Desired <input type="checkbox"/> | \$8.75 Additional Fee Required |
|---|---------------------------------------|

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 _____ (NOTE: Registered Agent signature required when reinstating) DATE _____

FILE NOW!!! FEE IS \$150.00
After May 1, 2007 Fee Will Be \$550.00
Make Check Payable to Florida Department of State

| | |
|--|------------------------------------|
| 9. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/> | \$5.00 May Be Added to Fees |
|--|------------------------------------|

| 10. OFFICERS AND DIRECTORS | |
|----------------------------|-------------------------------------|
| TITLE | S <input type="checkbox"/> Delete |
| NAME | KROESEN, MARTHA |
| STREET ADDRESS | 225 - 30TH ST. |
| CITY - ST - ZIP | W PALM BCH FL |
| TITLE | DPT <input type="checkbox"/> Delete |
| NAME | KROESEN, CHRISTOPHER C. |
| STREET ADDRESS | 1029 N. FLORIDA MANGO RD., BAY #8 |
| CITY - ST - ZIP | WEST PALM BEACH FL 33409 |
| TITLE | V <input type="checkbox"/> Delete |
| NAME | MILLER, R P |
| STREET ADDRESS | 3613 CRAZY HORSE TR |
| CITY - ST - ZIP | ST AUGUSTINE FL |
| TITLE | <input type="checkbox"/> Delete |
| NAME | |
| STREET ADDRESS | |
| CITY - ST - ZIP | |
| TITLE | <input type="checkbox"/> Delete |
| NAME | |
| STREET ADDRESS | |
| CITY - ST - ZIP | |

| 11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11 | |
|---|---|
| TITLE | <input type="checkbox"/> Change <input type="checkbox"/> Addition |
| NAME | |
| STREET ADDRESS | |
| CITY - ST - ZIP | |
| TITLE | <input type="checkbox"/> Change <input type="checkbox"/> Addition |
| NAME | |
| STREET ADDRESS | |
| CITY - ST - ZIP | |
| TITLE | <input type="checkbox"/> Change <input type="checkbox"/> Addition |
| NAME | |
| STREET ADDRESS | |
| CITY - ST - ZIP | |
| TITLE | <input type="checkbox"/> Change <input type="checkbox"/> Addition |
| NAME | |
| STREET ADDRESS | |
| CITY - ST - ZIP | |

12. I hereby certify that the information supplied with this filing does not qualify for the exemptions contained in Section 119, 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:  **Christopher C. Kroesen** 4/20/07 (561) 712-8235

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR