


**2004 FOR PROFIT CORPORATION
UNIFORM BUSINESS REPORT (UBR)**

FILED
Apr 28, 2004 08:00 AM
Secretary of State

DOCUMENT # **L13735**

1. Entity Name
THE SPORTY SEAHORSE, INC.



Principal Place of Business
**362 PERIWINKLE WAY
C/O JOHN T. NAPPI
SANIBEL FL 33957**

Mailing Address
**362 PERIWINKLE WAY
C/O JOHN T. NAPPI
SANIBEL FL 33957**



2. Principal Place of Business

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

Zip

Country

Zip

Country

CHECK HERE IF MAKING CHANGES

4. FEI Number **65-0142356** Applied For Not Applied

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

6. Name and Address of Current Registered Agent

**NAPPI, JOHN T
% THE SPORTY SEAHORSE INC
362 PERIWINKLE WAY
SANIBEL FL 33957**

7. Name and Address of New Registered Agent

Name

Street Address (P.O. Box Number is Not Acceptable)

City

FL Zip Code

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 _____ DATE _____
Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating)

FILE NOW!!! FEES \$150.00
Annual May 1, 2005 Fee \$150.00
Make Check Payable to Florida Department of Banking

9. Election Campaign Financing Trust Fund Contribution. \$5.00 May be Added to Fees

10. OFFICERS AND DIRECTORS

| | | |
|-----------------|--------------------|---------------------------------|
| TITLE | DP | <input type="checkbox"/> Delete |
| NAME | NAPPI, JOHN T. | |
| STREET ADDRESS | 16224 EDMONT DRIVE | |
| CITY - ST - ZIP | FT. MYERS FL 33908 | |
| TITLE | DV | <input type="checkbox"/> Delete |
| NAME | NAPPI, JOANNE | |
| STREET ADDRESS | 16224 EDMONT DRIVE | |
| CITY - ST - ZIP | FT. MYERS FL 33908 | |
| TITLE | DS | <input type="checkbox"/> Delete |
| NAME | NAPPI, DEBORA | |
| STREET ADDRESS | 16224 EDMONT DRIVE | |
| CITY - ST - ZIP | FT. MYERS FL 33908 | |
| TITLE | | <input type="checkbox"/> Delete |
| NAME | | |
| STREET ADDRESS | | |
| CITY - ST - ZIP | | |
| 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 2004

| | | |
|-----------------|---------------------------|--|
| TITLE | | <input type="checkbox"/> Change <input type="checkbox"/> Add |
| NAME | | |
| STREET ADDRESS | U00000136633 | |
| CITY - ST - ZIP | 04/28/04-80096-019 150.00 | |
| TITLE | | <input type="checkbox"/> Change <input type="checkbox"/> Add |
| NAME | | |
| STREET ADDRESS | | |
| CITY - ST - ZIP | | |
| TITLE | | <input type="checkbox"/> Change <input type="checkbox"/> Add |
| NAME | | |
| STREET ADDRESS | | |
| CITY - ST - ZIP | | |
| TITLE | | <input type="checkbox"/> Change <input type="checkbox"/> Add |
| NAME | | |
| STREET ADDRESS | | |
| CITY - ST - ZIP | | |

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 changed, or on an attachment with an address, with all other like empowered.

SIGNATURE: John T. Nappi JOHN T NAPPI 4-21-04 239472585