

2006 FOR PROFIT CORPORATION ANNUAL REPORT (AR)

FILED
Mar 17, 2006 08:00 AM
Secretary of State



DOCUMENT # L13735		1. Entity Name		THE SPORTY SEAHORSE, INC.	
Principal Place of Business		Mailing Address			
362 PERIWINKLE WAY C/O JOHN T. NAPPI SANIBEL FL 33957		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	4. FEI Number 65-0142356 Applied For <input type="checkbox"/> Not Applied <input type="checkbox"/>	
6. Name and Address of Current Registered Agent			7. Name and Address of New Registered Agent		
NAPPI, JOHN T % THE SPORTY SEAHORSE INC 362 PERIWINKLE WAY SANIBEL FL 33957			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 _____ (NOTE: Registered Agent signature required when re-registering) DATE _____					

FILE NOW!!! FEE IS \$150.00
After May 1, 2006 Fee Will Be \$550.00
Make Check Payable to Florida Department of State

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

10. OFFICERS AND DIRECTORS			11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11		
TITLE	DP <input type="checkbox"/> Delete	TITLE <input type="checkbox"/> Change <input type="checkbox"/> Add	TITLE		
NAME	NAPPI, JOHN T.	NAME			
STREET ADDRESS	16224 EDMONT DRIVE	STREET ADDRESS			
CITY- ST- ZIP	FT. MYERS FL 33908	CITY- ST- ZIP			
TITLE	DV <input type="checkbox"/> Delete	TITLE <input type="checkbox"/> Change <input type="checkbox"/> Add			
NAME	NAPPI, JOANNE	NAME			
STREET ADDRESS	16224 EDMONT DRIVE	STREET ADDRESS			
CITY- ST- ZIP	FT. MYERS FL 33908	CITY- ST- ZIP			
TITLE	DS <input type="checkbox"/> Delete	TITLE <input type="checkbox"/> Change <input type="checkbox"/> Add			
NAME	NAPPI, DEBORA	NAME			
STREET ADDRESS	16224 EDMONT DRIVE	STREET ADDRESS			
CITY- ST- ZIP	FT. MYERS FL 33908	CITY- ST- ZIP			
TITLE	<input type="checkbox"/> Delete	TITLE <input type="checkbox"/> Change <input type="checkbox"/> Add			
NAME		NAME			
STREET ADDRESS		STREET ADDRESS			
CITY- ST- ZIP		CITY- ST- ZIP			
TITLE	<input type="checkbox"/> Delete	TITLE <input type="checkbox"/> Change <input type="checkbox"/> Add			
NAME		NAME			
STREET ADDRESS		STREET ADDRESS			
CITY- ST- ZIP		CITY- ST- ZIP			
TITLE	<input type="checkbox"/> Delete	TITLE <input type="checkbox"/> Change <input type="checkbox"/> Add			
NAME		NAME			
STREET ADDRESS		STREET ADDRESS			
CITY- ST- ZIP		CITY- ST- ZIP			

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 03/29/06-80010-010 150.00

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: *John T. Nappi* **JOHN T NAPPI** - 3-28-06 472-5859