


2007 FOR PROFIT CORPORATION ANNUAL REPORT

FILED
Apr 30, 2007 08:00 AM
Secretary of State

DOCUMENT # L13735 1. Entity Name THE SPORTY SEAHORSE, INC.	
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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
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DO NOT WRITE IN THIS SPACE



04252007 No Chg-P CR2E034 (11/05)

4. FEI Number 65-0142356	Applied For Not Applicable
5. Certificate of Status Desired <input type="checkbox"/>	\$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**

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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-appointing)

**FILE NOW!!! FEE IS \$150.00
After May 1, 2007 Fee will be \$550.00**

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

10. OFFICERS AND DIRECTORS	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	DP NAPPI, JOHN T. 16224 EDMONT DRIVE FT. MYERS, FL 33908
TITLE NAME STREET ADDRESS CITY-ST-ZIP	DV NAPPI, JOANNE 16224 EDMONT DRIVE FT. MYERS, FL 33908
TITLE NAME STREET ADDRESS CITY-ST-ZIP	DS NAPPI, DEBORA 16224 EDMONT DRIVE FT. MYERS, FL 33908
TITLE NAME STREET ADDRESS CITY-ST-ZIP	
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TITLE NAME STREET ADDRESS CITY-ST-ZIP	

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05/15/07-80157-011 150.00

12. I hereby certify that the information supplied with this filing does not qualify for the exemptions contained in Chapter 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: *Joanne Nappi* **4-25-07** **239-472-1858**

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #