



2008 FOR PROFIT CORPORATION ANNUAL REPORT

FILED
Mar 14, 2008 08:00 AM
Secretary of State

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| 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

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|  | |
| 03032008 | 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 _____ DATE _____
Signature, typed or printed name of registered agent and title if applicable (NOTE Registered Agent signature required when reinstating)

FILE NOW!!! FEE IS \$150.00
After May 1, 2008 Fee will be \$550.00

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

U00000857693
 04/01/08-80014-018 150.00

| 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 | |
| TITLE NAME STREET ADDRESS CITY-ST-ZIP | |
| TITLE NAME STREET ADDRESS CITY-ST-ZIP | |

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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: John T Nappi **JOHN T NAPPI** 3-11-08
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #