

2008 FOR PROFIT CORPORATION ANNUAL REPORT

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

DOCUMENT # L23023

1. Entity Name
 SEAHORSE SHOPPING CENTER, INC.



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

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



02262008 No Chg-P CR2E034 (11/05)

DO NOT WRITE IN THIS SPACE

4. FEI Number 65-0142355	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
 C/O SEAHORSE SHOPPING CENTER INC.
 362 PERIWINKLE WAY
 SANIBEL, FL 33957

DO NOT WRITE IN THIS SPACE

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 _____

Signature, typed or printed name of registered agent and title if applicable

(NOTE: Registered Agent signature required when reinstating)

DATE _____

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

U00000857686
 04/01/08-80014-011 150.00

10. OFFICERS AND DIRECTORS

TITLE NAME STREET ADDRESS CITY-ST-ZIP	DP NAPPI, JOHN T 16224 EDMONT DR FT MYERS, FL 33908
TITLE NAME STREET ADDRESS CITY-ST-ZIP	SD NAPPI, THOMAS 16224 EDMONT DR FT MYERS, FL 33908
TITLE NAME STREET ADDRESS CITY-ST-ZIP	VPD NAPPI, JOANNE 16224 EDMONT DR 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	

DO NOT WRITE IN THIS SPACE

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: _____

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

John T. Nappi
 JOHN T NAPPI
 3-11-08