

**2009 FOR PROFIT CORPORATION ANNUAL REPORT**

DOCUMENT# L23023

**FILED  
Feb 17, 2009  
Secretary of State**

**Entity Name:** SEAHORSE SHOPPING CENTER, INC.

**Current Principal Place of Business:**

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

**New Principal Place of Business:**

**Current Mailing Address:**

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

**New Mailing Address:**

**FEI Number:** 65-0142355      **FEI Number Applied For ( )**      **FEI Number Not Applicable ( )**      **Certificate of Status Desired ( )**

**Name and Address of Current Registered Agent:**

NAPPI, JOHN T  
C/O SEAHORSE SHOPPING CENTER INC.  
362 PERIWINKLE WAY  
SANIBEL, FL 33957 US

**Name and Address of New Registered Agent:**

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.

SIGNATURE: \_\_\_\_\_

Electronic Signature of Registered Agent

\_\_\_\_\_ Date

**Election Campaign Financing Trust Fund Contribution ( ).**

**OFFICERS AND DIRECTORS:**

Title: DP ( ) Delete  
Name: NAPPI, JOHN T,  
Address: 16224 EDMONT DR  
City-St-Zip: FT MYERS, FL 33908

Title: SD ( ) Delete  
Name: NAPPI, THOMAS  
Address: 16224 EDMONT DR  
City-St-Zip: FT MYERS, FL 33908

Title: VPD ( ) Delete  
Name: NAPPI, JOANNE  
Address: 16224 EDMONT DR  
City-St-Zip: FT MYERS, FL 33908

**ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:**

Title: ( ) Change ( ) Addition  
Name:  
Address:  
City-St-Zip:

Title: ( ) Change ( ) Addition  
Name:  
Address:  
City-St-Zip:

Title: ( ) Change ( ) Addition  
Name:  
Address:  
City-St-Zip:

I hereby certify that the information supplied with this filing does not qualify for the exemption stated 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 electronic 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 above, or on an attachment with an address, with all other like empowered.

SIGNATURE: JOANNE NAPPI

VPD

02/17/2009

Electronic Signature of Signing Officer or Director

\_\_\_\_\_ Date