2004 FOR PROFIT CORPORATION ANNUAL REPORT (AR)

FILED
Mar 16, 2004 8:00 am
Secretary of State
03-16-2004 90040 049 ***150.00

DOCUMENT # L62110

1. Entity Name
SEA OATS REALTY, INC.

Principal Place of Business	Mailing Address
1679 INDIAN ROCKS RD S LARGO FL 33774 US	1679 INDIAN ROCKS RD S LARGO FL 33774 US

MOORE CR2E034 (11/03)

2. Principal Place of Business	3. Mailing Address
12551 Indian Rocks Rd	12551 Indian Rocks Rd
Suite, Apt. #, etc. #14	Suite, Apt. #, etc. #14
City & State Largo FL	City & State Largo FL
Zip 33774 Country USA	Zip 33774 Country USA

4. FEI Number 59-3005042 ☐ Applied For ☐ Not Applicable

5. Certificate of Status Desired ☐ **$8.75** Additional Fee Required

6. Name and Address of Current Registered Agent

OATES, DAVID J
1679 INDIAN ROCKS RD S
LARGO FL 33774

7. Name and Address of New Registered Agent

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 [signature] 3/3/04
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, 2004 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	P	☒ Delete	TITLE	☐ Change ☐ Addition
NAME	OATES, PATRICK T.		NAME	
STREET ADDRESS	1679 INDIAN ROCKS RD. S		STREET ADDRESS	
CITY-ST-ZIP	LARGO FL 33774		CITY-ST-ZIP	
TITLE	~~VPS~~ President	☐ Delete	TITLE	☐ Change ☐ Addition
NAME	OATES, DAVID J		NAME	
STREET ADDRESS	1679 INDIAN ROCKS RD S		STREET ADDRESS	
CITY-ST-ZIP	LARGO FL 33774		CITY-ST-ZIP	
TITLE		☐ Delete	TITLE	☐ Change ☐ Addition
NAME			NAME	
STREET ADDRESS			STREET ADDRESS	
CITY-ST-ZIP			CITY-ST-ZIP	
TITLE		☐ Delete	TITLE	☐ Change ☐ Addition
NAME			NAME	
STREET ADDRESS			STREET ADDRESS	
CITY-ST-ZIP			CITY-ST-ZIP	
TITLE		☐ Delete	TITLE	☐ Change ☐ Addition
NAME			NAME	
STREET ADDRESS			STREET ADDRESS	
CITY-ST-ZIP			CITY-ST-ZIP	
TITLE		☐ Delete	TITLE	☐ Change ☐ Addition
NAME			NAME	
STREET ADDRESS			STREET ADDRESS	
CITY-ST-ZIP			CITY-ST-ZIP	

12. I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Section 119.07(3)(i), 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] 3/3/04 727 423 2016
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR — Date — Daytime Phone #