

IMPORTANT INSTRUCTIONS

DOCUMENT # P00000012976

1. Entity Name
SEVEN BROTHERS SHORELINE PRESERVATION, INC.



FILED
Jan 25, 2007 08:00 AM
Secretary of State

Principal Place of Business
1 STARFISH DR
VERO BEACH FL 32960

Mailing Address
1 STARFISH DR
VERO BEACH FL 32960



1st MOORE CR2E034 (10/06)

2. Principal Place of Business - No P.O. Box #

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

4. FEI Number **65-0982764**

Applied For
 Not Applicable

Zip Country

Zip Country

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

6. Name and Address of Current Registered Agent

7. Name and Address of New Registered Agent

WICKEL, ALBERT C
1 STARFISH DR
VERO BEACH FL 32960

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, typed or printed name of registered agent and title - applicable

(NOTE: Registered Agent signature required when reinstating)

DATE

FILE NOW!!! FEE IS \$150.00
After May 1, 2007 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 Delete
NAME **P WICKEL, KARL S**
STREET ADDRESS **15667 93RD ST.**
CITY ST ZIP **WEST PALM BEACH FL 33412**

Change Addition
NAME **U00000604032**
STREET ADDRESS **01/29/07-30039-023 150.00**
CITY ST ZIP

TITLE Delete
NAME **STD WICKEL, ALBERT C**
STREET ADDRESS **1 STARFISH DR**
CITY ST ZIP **VERO BEACH FL 32960**

Change Addition
NAME
STREET ADDRESS
CITY ST ZIP

TITLE Delete
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CITY ST ZIP

Change Addition
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Change Addition
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STREET ADDRESS
CITY ST ZIP

12. I hereby certify that the information supplied with this filing does not qualify for the exemptions contained in Section 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: Albert C. Wickel **ALBERT C. WICKEL**

1/19/07

Date 772-522-8436 Daytime Phone #

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR