

**2004 FOR PROFIT CORPORATION
ANNUAL REPORT**

FILED
Jan 28, 2004 08:00 AM
Secretary of State

DOCUMENT # P93000086814

1. Entity Name
BAMA SEA PRODUCTS, INC.



Principal Place of Business
**756 - 28TH ST S
ST. PETERSBURG, FL 33712 US**

Mailing Address
**756 - 28TH ST S
ST. PETERSBURG, FL 33712 US**



01132004 No Chg-P CR2E034 (10/03)

DO NOT WRITE IN THIS SPACE

4. FEI Number
59-3228112

Applied For
☐ Not Applicable

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

6. Name and Address of Current Registered Agent

**STEPHENS, JOHN
756 - 28TH ST S
ST. PETERSBURG, FL 33712**

**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 *John M. Stephens* - **PRESIDENT**

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

(NOTE: Registered Agent signature required when reinstating)

13 JAN 2004
DATE

**FILE NOW!!! FEE IS \$150.00
After May 1, 2004 Fee will be \$550.00**

9. Election Campaign Financing
Trust Fund Contribution. ☐

**\$5.00 May Be
Added to Fees**

10. OFFICERS AND DIRECTORS

TITLE	PD
NAME	STEPHENS, JOHN
STREET ADDRESS	24 PARADISE LANE
CITY-ST-ZIP	TREASURE ISLAND, FL
TITLE	DV
NAME	JACKSON, JOHN
STREET ADDRESS	756 - 28TH ST S
CITY-ST-ZIP	ST. PETERSBURG, FL 33712
TITLE	D
NAME	CONNOR, JOSEPH
STREET ADDRESS	341 AVENUE D
CITY-ST-ZIP	SUMMERLAND KEY, FL 33042
TITLE	D
NAME	SCHEER, JERALD S
STREET ADDRESS	1177 SOUTHGATE DR
CITY-ST-ZIP	CHARLESTON, SC
TITLE	D
NAME	VICTOR, JULES III
STREET ADDRESS	2711 ABERCORN ST.
CITY-ST-ZIP	SAVANNAH, GA 31405
TITLE	
NAME	
STREET ADDRESS	
CITY-ST-ZIP	

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01/28/04-80091-005 150.00

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IN THIS SPACE**

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: *John M. Stephens* President **John M. Stephens**

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

1/14/04
Date

727-439-8301
Daytime Phone #