

2005 FOR PROFIT CORPORATION ANNUAL REPORT

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 #150.00		
2. Principal Place of Business		3. Mailing Address			
Suite, Apt. #, etc.		Suite, Apt. #, etc.			
City & State		City & State			
Zip	Country	Zip	Country	4. FEI Number 59-3228112	
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			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 _____ (NOTE: Registered Agent signature required when reinstating)					
FILE NOW!!! FEE IS \$150.00 After May 1, 2005 Fee will be \$550.00		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 NAME STREET ADDRESS CITY-ST-ZIP	PD STEPHENS, JOHN 24 PARADISE LANE TREASURE ISLAND, FL	☐ Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	05/09/05--01021--003 *\$200.00	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	DV JACKSON, JOHN 756 - 28TH ST S ST. PETERSBURG, FL 33712	☐ Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	☐ Change ☐ Addition	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D CONNOR, JOSEPH 341 AVENUE D SUMMERLAND KEY, FL 33042	☒ Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	☐ Change ☐ Addition	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D SCHEER, JERALD S 1177 SOUTHGATE DR CHARLESTON, SC	☐ Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	☐ Change ☐ Addition	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D VICTOR, JULES III 2711 ABERCORN ST. SAVANNAH, GA 31405	☐ Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	☐ Change ☐ Addition	
TITLE NAME STREET ADDRESS CITY-ST-ZIP		☐ Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	☐ Change ☐ Addition	
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: <u>John M. Stephens - John M. Stephens - Jan 10 2005 - 727-327-3474</u> SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR					

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