


2008 FOR PROFIT CORPORATION ANNUAL REPORT

FILED
Feb 27, 2008 8:00 am
Secretary of State

02-27-2008 90008 038 ***150.00

DOCUMENT # P97000015696			
1. Entity Name SEA GULF, INC.			
Principal Place of Business 2624 EL DORADO PKWY W CAPE CORAL, FL 33914		Mailing Address 1318 LAFAYETTE ST CAPE CORAL, FL 33904	
2. Principal Place of Business - No P.O. Box #		3. Mailing Address 2624 El Dorado Pkwy W	
Suite, Apt. #, etc.		Suite, Apt. #, etc.	
City & State		City & State Cape Coral, FL	
Zip	Country	Zip	Country
		33914	U.S.A.
4. FEI Number 65-0756815		Applied For Not Applicable	
5. Certificate of Status Desired <input type="checkbox"/>		\$8.75 Additional Fee Required	
6. Name and Address of Current Registered Agent		7. Name and Address of New Registered Agent	
HILL, THOMAS W 1318 LAFAYETTE ST CAPE CORAL, FL 33914		Name Oliver Huttner	
		Street Address (P.O. Box Number is Not Acceptable)	
		1221 SW 10th Ter	
		City	FL Zip Code
		Cape Coral	33991
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 <i>Oliver Huttner</i>		DATE 2-21-08	
Signature, typed or printed name of registered agent and title if applicable.		(NOTE: Registered Agent signature required when reinstating)	
9. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/>		\$5.00 May Be Added to Fees	
FILE NOW!!! FEE IS \$150.00 After May 1, 2008 Fee will be \$550.00			
10. OFFICERS AND DIRECTORS		11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	PD LAMAC, DOROTHEA DR. 1318 LAFAYETTE ST CAPE CORAL, FL 33904 <input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
		2624 El Dorado Pkwy W Cape Coral, FL 33914	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	VSD PETRITSCH, PETER 1318 LAFAYETTE ST CAPE CORAL, FL 33904 <input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
		2624 El Dorado Pkwy W Cape Coral, FL 33914	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D HILL, THOMAS W 1318 LAFAYETTE ST CAPE CORAL, FL 33904 <input checked="" type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
		Oliver Huttner 1221 SW 10th Ter Cape Coral, FL 33991	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
12. I hereby certify that the information supplied with this filing does not qualify for the exemptions contained 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 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: <i>Oliver Huttner</i>		DATE 2-25-08	
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR		Date Daytime Phone #	