

2009 FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# P97000106210

Entity Name: SEA SCREAMER PCB INC.

FILED
Feb 18, 2009
Secretary of State

Current Principal Place of Business:

5325 N. LAGOON DR.
PANAMA CITY BEACH, FL 32408 US

New Principal Place of Business:

Current Mailing Address:

7211 LAGOON DR.
PANAMA CITY BEACH, FL 32408 US

New Mailing Address:

5325 N. LAGOON DR.
PANAMA CITY BEACH, FL 32408 US

FEI Number: 59-3481096

FEI Number Applied For ()

FEI Number Not Applicable ()

Certificate of Status Desired ()

Name and Address of Current Registered Agent:

REDMOND, ANDREW E MR
7211 LAGOON DRIVE
PANAMA CITY BEACH, FL 32408 US

Name and Address of New Registered Agent:

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.

SIGNATURE: _____

Electronic Signature of Registered Agent

_____ Date

Election Campaign Financing Trust Fund Contribution ().

OFFICERS AND DIRECTORS:

Title: P () Delete
Name: REDMOND, ANDREW E
Address: 7211 LAGOON DIRVE
City-St-Zip: PANAMA CITY BEACH, FL 32408

Title: VPST () Delete
Name: REDMOND, CYLIA J
Address: 7211 LAGOON DRIVE
City-St-Zip: PANAMA CITY BEACH, FL 32408

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

Title: () Change () Addition
Name:
Address:
City-St-Zip:

Title: () Change () Addition
Name:
Address:
City-St-Zip:

I hereby certify that the information supplied with this filing does not qualify for the exemption stated 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 electronic 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 above, or on an attachment with an address, with all other like empowered.

SIGNATURE: CYLIA J REDMOND

VPST

02/18/2009

_____ Electronic Signature of Signing Officer or Director

_____ Date