

**2005 FOR PROFIT CORPORATION
ANNUAL REPORT**

FILED

May 02, 2005 08:00 AM
Secretary of State

DOCUMENT # 154285

1. Entity Name
SEALS OUTBOARD MARINE INC



Principal Place of Business

**4500 NEBRASKA AVE
TAMPA, FL 33603 US**

Mailing Address

**4500 NEBRASKA AVE
TAMPA, FL 33603 US**



04282005 No Chg-P CR2E034 (10/03)

DO NOT WRITE IN THIS SPACE

4. FEI Number

59-0586637

Applied For

Not Applicable

5. Certificate of Status Desired ☐

**\$8.75 Additional
Fee Required**

6. Name and Address of Current Registered Agent

**MARTINEZ, RAUDEL
1913 W. SLIGH AVE.
TAMPA, FL 33604**

**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

Signature of officer or director, or registered agent, or both, as applicable.

NOTE: Registered Agent signature required when registering.

DATE

**FILE NOW!!! FEE IS \$150.00
After May 1, 2005 Fee will be \$350.00**

9. Election Campaign Financing
Trust Fund Contribution ☐

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

10. OFFICERS AND DIRECTORS

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
**PO
SEALS, D L
4500 NEBRASKA AVENUE
TAMPA, FL 33603**

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
**VP
AYERS, MIKE
4500 NEBRASKA AVE
TAMPA, FL 33603**

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP

U00000354887
05/03/05-80126-002 150.00

**DO NOT WRITE
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:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Mike Ayers, V/P

Date

4-28-05

Date in Print