2004 FOR PROFIT CORPORATION ANNUAL REPORT

FILED
Jul 12, 2004 08:00 AM
Secretary of State

DOCUMENT # 175080

1. Entity Name
SEA GARDEN SALES COMPANY, INC.

Principal Place of Business	Mailing Address
PO BOX 3160 BROWNSVILLE, TX 78523	PO BOX 3160 BROWNSVILLE, TX 78523

DO NOT WRITE IN THIS SPACE

07062004 No Chg-P CR2E034 (10/03)

4. FEI Number
59-0712226
☐ Applied For
☐ Not Applicable

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

6. Name and Address of Current Registered Agent

WALKER, KERMIT K.
2325 UNIVERSITY BLVD. N.
JACKSONVILLE, FL 32211

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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 _____ DATE
Signature, typed or printed name of registered agent and title if applicable (NOTE: Registered Agent signature required when reinstating)

FILE NOW!!! FEE IS $550.00
Due by September 8, 2004

9. Election Campaign Financing Trust Fund Contribution. ☐ **$5.00** May Be Added to Fees

100000165885
07/12/04-80029-020 550.00

10. OFFICERS AND DIRECTORS

TITLE	P
NAME	CONNER, WILLIAM M
STREET ADDRESS	29229 RANCHO ESCONDIDO
CITY-ST-ZIP	RANCHO VIEJO, TX 78575
TITLE	S
NAME	CONNER, MARVIN G
STREET ADDRESS	35 CALLE JACARANDA
CITY-ST-ZIP	BROWNSVILLE, TX
TITLE	VP
NAME	CONNER, MELLENA H.
STREET ADDRESS	35 CALLE JACARANDA
CITY-ST-ZIP	BROWNSVILLE, TX
TITLE	TD
NAME	CONNER, MICHAEL DEAN
STREET ADDRESS	121 S PARKER RD BOX 3406
CITY-ST-ZIP	LA FERIA, TX 78559
TITLE	
NAME	
STREET ADDRESS	
CITY-ST-ZIP	
TITLE	
NAME	
STREET ADDRESS	
CITY-ST-ZIP	

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.

William M. Conner, President

SIGNATURE: _____ 7-8-04 956-831-4291
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR — Date — Daytime Phone #