2005 FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT # 228446

1. Entity Name
SEA-WALL MOTOR LODGE INC

Principal Place of Business	Mailing Address 32 Avenida
32 AVENIDA MENENDEZ	2050 N PONCE DE LEON BLVD Menendez
SAINT AUGUSTINE, FL 32084	SAINT AUGUSTINE, FL 32084

DO NOT WRITE IN THIS SPACE

01312005   No Chg-P   CR2E034 (10/03)

4. FEI Number	Applied For
59-0881447	Not Applicable

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

6. Name and Address of Current Registered Agent

BRYAN, LINDA
97 ORANGE ST.
ST AUGUSTINE, FL 32084

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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 _____

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

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

TITLE	PD
NAME	PATEL, KANTI
STREET ADDRESS	2050 N. PONCE DE LEON 32 Avenida
CITY-ST-ZIP	ST AUGUSTINE, FL 32084 Menendez
TITLE	VPSD
NAME	PATEL, KALA
STREET ADDRESS	2050 N. PONCE DE LEON 32 Avenida
CITY-ST-ZIP	ST. AUGUSTINE, FL 32084 Menendez
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	

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   Date   Daytime Phone #