

**2007 FOR PROFIT CORPORATION
ANNUAL REPORT**

FILED
Apr 30, 2007 8:00 am
Secretary of State

04-30-2007 90454 048 ***150.00

DOCUMENT # 228446

1. Entity Name
SEA-WALL MOTOR LODGE INC



Principal Place of Business
**32 AVENIDA MENENDEZ
SAINT AUGUSTINE, FL 32084**

Mailing Address
**32 AVENIDA MENENDEZ
SAINT AUGUSTINE, FL 32084**

DO NOT WRITE IN THIS SPACE



03202007 No Chg-P CR2E034 (11/05)

4. FEI Number
59-0881447

Applied For
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**

**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, 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, 2007 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 32 AVEBIDA MENENDEZ
CITY-ST-ZIP ST AUGUSTINE, FL 32084

TITLE VPSD
NAME PATEL, KALA
STREET ADDRESS 32 AVENIDA MENENDEZ
CITY-ST-ZIP ST. AUGUSTINE, FL 32084

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP

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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 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: _____

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

3-23-07 904-824
2627