

**2008 FOR PROFIT CORPORATION
ANNUAL REPORT**

FILED
Jan 14, 2008 8:00 am
Secretary of State

01-14-2008 90107 018 ***150.00

DOCUMENT # 242716

1. Entity Name
SILVER SEAS HOTEL, INC.



Principal Place of Business
**2701 NE 42 STREET
POMPAHO BEACH, FL 33064**

Mailing Address
**2701 NE 42 STREET
POMPAHO BEACH, FL 33064**

40003000



01072008 No Chg-P CR2E034 (11/05)

DO NOT WRITE IN THIS SPACE

4. FEI Number
59-0969878

Applied For
Not Applicable

5. Certificate of Status Desired ☐

\$8.75 Additional
Fee Required

6. Name and Address of Current Registered Agent

**BRUCE A WEIHE ESQ
HENRICH GORDON, HARGROVE WEIHE & JAMES PA
500 E BROWARD BLVD STE 1000
FORT LAUDERDALE, FL 33394**

**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, 2008 Fee will be \$550.00**

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
**S
WEIHE, BRUCE A
500 E BROWARD BLVD, STE 1000
FT LAUDERDALE, FL 33344**

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
**PD
ANDERSON, JAMES H
1400 E. TOUHY AVE.
DES PLAINES, IL**

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
**VTD
BLAKE, TERRENCE
1400 E TOUHU AVE
DES PLAINES, IL**

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
**D
ANDERSON, JANICE
1400 E. TOUHY AVE.
DES PLAINES, IL**

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP

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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

01/14/08

(954) 942-7344