2008 FOR PROFIT CORPORATION ANNUAL REPORT

FILED Feb 25, 2008 8:00 am Secretary of State

DOCU! 1. Entity Nam SEACOA					02-25-2008 90052 005 ***150.00	
Principal Plac 301 DOUGLA OLDSMAR, FI	S RD E	Mailing Address 301 DOUGLAS RD E OLDSMAR, FL 34677	us			
2. Principal P	lace of Business - No P.O. Box #	3. Mailing Address				
Suite, Apt.	#, etc.	Suite, Apt. #, etc.			-01082008 Chg-P CR2E034 (12/06)	
City & State	е	City & State			4. FEI Number Applied For 59-1641879 Not Applied For	
Zip	Country	Zip	Country		5. Certificate of Status Desired \$8.75 Additional Fee Required	
	6. Name and Address of Current	Registered Agent	I :		7. Name and Address of New Registered Agent	
BALLOU, E J 426 LORA LANE TARPON SPRINGS, FL 34688				5te	(P.O. Box Number is Not Acceptable)	
			City_	<u> </u>	SOC'SS FL Zip Code 8	_
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.						
SIGNATURESignature, typed or printed name of registered agent and title if applicable, (NOTE: Registered Agent signature required when reinstating) DATE						
FILE NOWIII FEE IS \$150.00 9. Election Campaign Financing \$5.00 May Be After May 1, 2008 Fee will be \$550.00 Trust Fund Contribution.						
And may 1, 2000 1 00 Will be \$550.00					ded to Fees	
10.	OFFICERS AND	· · · · · · · · · · · · · · · · · · ·	11.		ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11	
TITLE NAME STREET ADDRESS	PD BALLOU, JOAN 426 LORA LANE	A Delete	TITLE NAME STREET ADDRESS	510 510 470	resident Change Addition Addition 1997 Addit	ion
CITY-ST-ZIP	TARPON SPRINGS, FL 34688		CITY-ST-ZIP		FOOD Springs. FL 34688	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	V BALLOU, STEVEN. 474 LORA LANE TARPON SPRINGS, FL 34688	☐ Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP		☐ Change ☐ Additi	ion
TITLE NAME STREET ADDRESS CITY-ST-ZIP	ST BALLOU, RONALD. 426 LORA LANE TARPON SPRINGS, FL 34688	☐ Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP		☐ Change ☐ Addili	ion
TITLE NAME		☐ Delete	TITLE NAME		☐ Change ☐ Additi	ion
STREET ADDRESS CITY-ST-ZIP			STREET ADDRESS CITY-ST-ZIP			
TITLE NAME		☐ Delete	TITLE NAME		☐ Change ☐ Additi	ion
STREET ADDRESS City-St-Zip			STREET ADDRESS CITY-ST-ZIP			
TITLE NAME		☐ Delete	TITLE NAME		☐ Change ☐ Addition	ion
STREET ADDRESS City-St-Zip			STREET ADDRESS CITY-ST-ZIP			
12. I hereby certify that the information supplied with this filling 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						