2009 FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# 469986

Entity Name: SEACOAST, INC.

FILED Mar 27, 2009 Secretary of State

Current Principal Place of Business: New Principal Place of Business:

301 DOUGLAS RD E OLDSMAR, FL 34677 US

Current Mailing Address: New Mailing Address:

301 DOUGLAS RD E OLDSMAR, FL 34677 US

FEI Number: 59-1641879 FEI Number Applied For () FEI Number Not Applicable () Certificate of Status Desired ()

Name and Address of Current Registered Agent: Name and Address of New Registered Agent:

BALLOU, STEVE B PRESIDE
474 LORA LANE
TARPON SPRINGS, FL 34688 US
BALLOU, STEVE B PRESIDE
474 LORA LANE
TARPON SPRINGS, FL 34688 US

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.

SIGNATURE: STEVE BALLOU 03/27/2009

Electronic Signature of Registered Agent Date

Election Campaign Financing Trust Fund Contribution ().

OFFICERS AND DIRECTORS:

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

 Name:
 BALLOU, JOAN,
 Name:
 BALLOU, STEVE B P

 Address:
 474 LORA LANE
 474 LORA LANE

City-St-Zip: TARPON SPRINGS, FL 34688 US City-St-Zip: TARPON SPRINGS, FL 34688 US

 $\label{eq:title:Title:ST} \mbox{Title:} \mbox{ V } \mbox{() Delete} \mbox{ Title: ST } \mbox{(X) Change () Addition}$

Name: BALLOU, STEVEN., Name: BALLOU, RONALD E S/T

Address: 474 LORA LANE Address: 426 LORA LANE

City-St-Zip: TARPON SPRINGS, FL 34688 City-St-Zip: TARPON SPRINGS, FL 34688

Title: ST (X) Delete Title: () Change () Addition

 Name:
 BALLOU, RONALD.,
 Name:

 Address:
 426 LORA LANE
 Address:

 City-St-Zip:
 TARPON SPRINGS, FL 34688 US
 City-St-Zip:

I hereby certify that the information supplied with this filing does not qualify for the exemption stated 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 electronic 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 above, or on an attachment with an address, with all other like empowered.

SIGNATURE: STEVE BALLOU PRES 03/27/2009