## ि 2008 FOR PROFIT CORPORATION ANNUAL REPORT

## DOCUMENT # 481190



FILED Apr 21, 2008 08:00 All Secretary of State

SEA GEAR CORPORATION

Principal Place of Business:

with the sail of the

Mailing Address

C/O SEA-GEAR CORPORATION 700-B1 S JOHN RODES BLVD 700 S. JOHN RODES BLVD

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MELBOURNE, FL 32904 US \*\*\*\*\*\* MELBOURNE, FL 32904 US



439 496 486 4 360 6 12

03122008

No Chg-P

CR2E034 (11/05)

4. FEI Number 59-1615716

Applied For Not Applicable

5. Certificate of Status Desired

\$8.75 Additional

6. Name and Address of Current Registered Agent

MANN, MICHAEL L. 1110 BRICKELL AVE SUITE 606 MIAMI, FL 33131

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	named entity submits this statement for the pions of registered agent.	urpose of changing its registere	ed office or re-	gistered agent, or b	oth, in the State of Florida	a. I am familiar with, i	and accept
SIGNATURE	Signature, typed or printed name of registered agent and title if	applicable. (NOTE: Registered	stered Agent signature required when reinstating)  DATE				
	E NOW!!! FEE IS \$150.00 ay 1, 2008 Fee will be \$550.00	9. Election Campaign Finan Trust Fund Contribution.	cing	\$5.00 May Be Added to Fees		i ja	
10.	OFFICERS AND DIREC	TORS	1. X				<b>经股股金</b>
TITLE NAME STREET ADDRESS CITY-ST-ZIP	PD SEIGLER, BOBBIE 700 B-1 S JOHN RODES BLVD MELBOURNE, FL						
TITLE NAME STREET ADDRESS CITY-ST-ZIP					// 105/05/08-6		50.00
TITLE NAME STREET ADDRESS CITY-ST-7IP				<b>DO</b>	NOT WF	HTE	

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:** 

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP

NAME STREET ADDRESS CITY-ST-ZIP

Dolli Beagh

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

1/11/8

321.128.9116

Daytime Phone #