

**2004 FOR PROFIT CORPORATION  
ANNUAL REPORT**

**FILED**  
**May 03, 2004 8:00 am**  
**Secretary of State**

05-03-2004 90415 028 \*\*\*150.00

**DOCUMENT # 521484**

1. Entity Name

SEA COLT MANAGEMENT, INCORPORATED



Principal Place of Business

628 N. BEAR LAKE RD.  
APOPKA, FL 32703 US

Mailing Address

4047 OKECHOBEE BLVD  
125  
WEST PALM BEACH, FL 33409 US



04012004 No Chg-P CR2E034 (10/03)

4. FEI Number

59-1758024

Applied For

Not Applicable

5. Certificate of Status Desired ☐

**\$8.75** Additional  
Fee Required

**DO NOT WRITE IN THIS SPACE**

6. Name and Address of Current Registered Agent

MARTINEZ, CARLOS DDS  
628 N BEAR LAKE RD.  
32703A, FL 32703

**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, 2004 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	VPD COULTER, LUCINDA 905 SHEILA PLACE APOPKA, FL
TITLE NAME STREET ADDRESS CITY - ST - ZIP	P MARTINEZ, CARLOS 628 N. BEAR LAKE ROAD APOPKA, FL 32703
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 exemption stated in Section 119.07(3)(i), 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 #

*Carlos M. Martinez*

*205 4/1/04 407-591-6361*