

2005 FOR PROFIT CORPORATION ANNUAL REPORT

FILED
May 04, 2005 8:00 am
Secretary of State

05-04-2005 90180 047 ***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**

50048104



2. Principal Place of Business

3. Mailing Address
1800 W. 49 ST

Suite, Apt. #, etc.

Suite, Apt. #, etc.
201

04282005 Chg-P CR2E034 (10/03)

City & State

City & State
Miami, FL

4. FEI Number
59-1758024

Applied For
Not Applicable

Zip Country

Zip Country
33012 USA

5. Certificate of Status Desired ☐ **\$8.75 Additional Fee Required**

6. Name and Address of Current Registered Agent

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

7. Name and Address of New Registered Agent

Name

Street Address (P.O. Box Number is Not Acceptable)

City

FL

Zip Code

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, 2005 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**

☐ Delete

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
**P
MARTINEZ, CARLOS
628 N. BEAR LAKE ROAD
APOPKA, FL 32703**

☐ Delete

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP

☐ Delete

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STREET ADDRESS
CITY-ST-ZIP

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CITY-ST-ZIP

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11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP ☐ Change ☐ Addition

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP ☐ Change ☐ Addition

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CITY-ST-ZIP ☐ Change ☐ Addition

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:

Carlos Martinez **Carlos Martinez, VP 3/25/04**

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #