2007 FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT # 521484

1. Entity Name

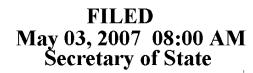
SEA COLT MANAGEMENT, INCORPORATED



Principal Place of Business

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

C/O LOPEZ DEOTY 1800 W. 49 ST #201 HIALEAH. FL 33012





03282007

No Cha-P

CR2E034 (11/05)

4. FEI Number 59-1758024

Applied For Not Applicable

5. Certificate of Status Desired

\$8.75 Additional Fee Required

6. Name and Address of Current Registered Agent

DO NOT WRITE IN THIS SPACE

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

DO NOT WRITE IN THIS SPACE

the obligat	named entity submits this statement for the pions of registered agent.	urpose of changing its registered of	office or r	egistered agent, or bo	th, in the State of Fiorida. I am familiar with, and accept
SIGNATURE Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered			ent signaturi	required when reinstating)	DATE
	E NOW!!! FEE IS \$150.00 ay 1, 2007 Fee will be \$550.00	9. Election Campaign Financin Trust Fund Contribution.	9 🗆	\$5.00 May Be Added to Fees	000000758575 05/24/07-80008-004 150.00
10.	OFFICERS AND DIRECT	CTORS			
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			DO NOT WRITE IN THIS SPACE		
TITLE NAME STREET ADDRESS CITY-ST-ZIP					
TITLE NAME STREET ADDRESS CITY-ST-7IP					

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 apport 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

SIGNATURE AND TYPED OR PRINTED NAME OF BIGNING OFFICER OR DIRECTOR

9/30/07 Date

Daytime Phone #