



# 2009 FOR PROFIT CORPORATION ANNUAL REPORT (AR)

DOCUMENT # 573913			
1. Entity Name <b>SEE THE SEA, INC.</b>			
Principal Place of Business 175 GULF BLVD., P.H.2 REDINGTON SHORES FL 33708		Mailing Address 414 TURNER STREET CLEARWATER FL 33756-5329	
2. Principal Place of Business - No P.O. Box #		3. Mailing Address	
Suite, Apt. #, etc.		Suite, Apt. #, etc.	
City & State		City & State	
Zip		Country	

FILED

09 FEB 10 AM 11:30

SECRETARY OF STATE  
TALLAHASSEE, FLORIDA



4. FEI Number <b>59-1828435</b>		Applied For <input type="checkbox"/> Not Applicable	
5. Certificate of Status Desired <input type="checkbox"/>		<b>\$8.75</b> Additional Fee Required	
6. Name and Address of Current Registered Agent		7. Name and Address of New Registered Agent	
<b>TREFZ, VIRGINIA J</b> <b>414 TURNER STREET</b> <b>CLEARWATER FL 33756</b>		Name	
		Street Address (P.O. Box Number is Not Acceptable)	
		City	
		<span style="font-size: 18px; font-weight: bold;">FL</span> 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 \_\_\_\_\_ (NOTE: Registered Agent signature required when reinstating) \_\_\_\_\_ DATE \_\_\_\_\_

Signature, typed or printed name of registered agent and title if applicable.

<p style="font-weight: bold; font-size: 12px;">FILE NOW!!! FEE IS \$150.00</p> <p style="font-weight: bold; font-size: 12px;">After May 1, 2007 Fee Will Be \$550.00</p> <p style="font-weight: bold; font-size: 12px;">Make Check Payable to Florida Department of State</p>	<p>9. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/> <b>\$5.00</b> May Be Added to Fees</p>
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10. OFFICERS AND DIRECTORS		11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11	
TITLE NAME STREET ADDRESS CITY-STATE-ZIP	PD <input type="checkbox"/> Delete <b>SPICER, PHILIP M.</b> <b>17580 GULF BLVD., P.H. 2</b> <b>REDINGTON SHORES FL</b>	TITLE NAME STREET ADDRESS CITY-STATE-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition  <div style="text-align: center; font-size: 18px; font-weight: bold;">500143318835</div> <div style="text-align: center; font-size: 14px;">02/11/09--01003--009 **150.00</div>
TITLE NAME STREET ADDRESS CITY-STATE-ZIP	T <input type="checkbox"/> Delete <b>TREFZ, VIRGINIA J</b> <b>1100 S. BELCHER RD LOT 682</b> <b>LARGO FL 33771-3409</b>	TITLE NAME STREET ADDRESS CITY-STATE-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-STATE-ZIP	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-STATE-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-STATE-ZIP	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-STATE-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
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TITLE NAME STREET ADDRESS CITY-STATE-ZIP	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-STATE-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition

12. I hereby certify that the information supplied with this filing does not qualify for the exemptions contained in Section 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: *Virginia J Trefz*      Date: 1-25-09      Daytime Phone #: (907) 449-1043

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR