2007 FOR PROFIT CORPORATION ANNUAL REPORT

FILED
Mar 26, 2007 08:00 AM
Secretary of State

DOCUMENT # 583468

1. Entity Name
THE SEAFARER REEF, INC.

Principal Place of Business
3386 HUNT CLUB DR
CLEARWATER, FL 33761 US

Mailing Address
3386 HUNT CLUB DR
CLEARWATER, FL 33761 US

03162007 No Chg-P CR2E034 (11/05)

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4. FEI Number
59-1845818
Applied For
Not Applicable

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

6. Name and Address of Current Registered Agent

DEMAS, JOANNA PRES
3386 HUNT CLUB DR
CLEARWATER, FL 33761

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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, 2007 Fee will be $550.00

9. Election Campaign Financing Trust Fund Contribution. ☐ $5.00 May Be Added to Fees

000000680483
04/03/07-80080-013 150.00

10. OFFICERS AND DIRECTORS

TITLE	P
NAME	DEMAS, JOANNA
STREET ADDRESS	3386 HUNT CLUB DR
CITY-ST-ZIP	CLEARWATER, FL 33761
TITLE	VPS
NAME	DEMAS, CHRIS
STREET ADDRESS	3386 HUNT CLUB DR
CITY-ST-ZIP	CLEARWATER, FL 33761
TITLE	D
NAME	DEMAS, WILLIAM
STREET ADDRESS	2710 MONTUGUE ST.
CITY-ST-ZIP	CLEARWATER, FL 33761
TITLE	
NAME	
STREET ADDRESS	
CITY-ST-ZIP	
TITLE	
NAME	
STREET ADDRESS	
CITY-ST-ZIP	
TITLE	
NAME	
STREET ADDRESS	
CITY-ST-ZIP	

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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: _____ 3/18/07 727 786-4929
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #

JOANNA DEMAS