


**2004 FOR PROFIT CORPORATION
ANNUAL REPORT**

FILED

**Apr 22, 2004 08:00 AM
Secretary of State**

| | |
|---|---|
| DOCUMENT # 596623 1. Entity Name PALM BEACH SHORES SEASPRAY INN, INC. |  |
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| Principal Place of Business 123 OCEAN AVE PALM BEACH SHORES, FL 33404 | Mailing Address 123 OCEAN AVE PALM BEACH SHORES, FL 33404 |
|---|---|



01062004 No Chg-P CR2E034 (10/03)

DO NOT WRITE IN THIS SPACE

| | |
|------------------------------------|-------------------------------|
| 4. FEI Number 59-1866429 | Applied For Not Applicable |
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|---|---------------------------------------|
| 5. Certificate of Status Desired <input type="checkbox"/> | \$8.75 Additional Fee Required |
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| 6. Name and Address of Current Registered Agent BOWSER, SHIRLEY ANN 123 OCEAN AVE PALM BEACH SHORES, FL 33404 |
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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 _____ (NOTE: Registered Agent signature required when reinstating) DATE _____
Signature, typed or printed name of registered agent and title if applicable.

**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

000000125839
04/23/04-80010-007 150.00

| 10. OFFICERS AND DIRECTORS | |
|--|---|
| TITLE NAME STREET ADDRESS CITY-ST-ZIP | D BOWSER, PHILLIP C 123 OCEAN AVE PALM BEACH SHOR FL |
| TITLE NAME STREET ADDRESS CITY-ST-ZIP | PST BOWSER, SHIRLEY ANN 123 OCEAN AVE. PALM BEACH SHR., FL |
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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 affidavit, with all other like empowered.

SIGNATURE: Phillip C. Bowser 4/17/04 (561) 844-0233
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #

PHILLIP C. BOWSER DIRECTOR