


2004 FOR PROFIT CORPORATION ANNUAL REPORT (AR)

FILED
Mar 09, 2004 8:00 am
Secretary of State

02-25-2004 90017 044 ***150.00

DOCUMENT # 659309
 1. Entity Name
SEACOAST SPECIALTIES, INC.



Principal Place of Business
 1701 AVENIDA DEL SOL
 BOCA RATON FL 33432
 US

Mailing Address
 1701 AVENIDA DEL SOL
 BOCA RATON FL 33432
 US

2. Principal Place of Business
1750 COSTA DEL SOL

3. Mailing Address
1750 COSTA DEL SOL

Suite, Apt. #, etc.

City & State
BOCA RATON FL

City & State
BOCA RATON FL

Zip
33432

Country
PALM BEACH

Zip
33432

Country
- PALM BEACH

6. Name and Address of Current Registered Agent
MURRAY, RICHARD T.
575 N.W. 13TH AVENUE
BOCA RATON FL 33486

4. FEI Number
59-1978212

Applied For
 Not Applicable

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

7. Name and Address of New Registered Agent

Name

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

City **FL** Zip Code



MOORE CR2E034 (11/03)

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 _____ DATE _____
Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating)

FILE NOW!!! FEE IS \$150.00
After May 1, 2004 Fee will be \$550.00
Make Check Payable to Florida Department of State

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

| 10. OFFICERS AND DIRECTORS | |
|--|---------------------------------|
| T MURRAY, RICHARD L. 575 N.W. 13TH AVENUE BOCA RATON FL 33486 | <input type="checkbox"/> Delete |
| P MURRAY, RICHARD T. 575 N.W. 13TH AVENUE BOCA RATON FL 33486 | <input type="checkbox"/> Delete |
| VP MURRAY, JAY C. 575 N.W. 13TH AVE BOCA RATON FL 33486 | <input type="checkbox"/> Delete |
| S ROBICHAUD, DENNIS 21391 TOWN LKAES DR #1210 BOCA RATON FL 33486 | <input type="checkbox"/> Delete |
| | <input type="checkbox"/> Delete |
| | <input type="checkbox"/> Delete |

| 11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11 | |
|---|--|
| D | <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition |
| P/T | <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition |
| V/S | <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition |
| D 202 MEADOWS DR. BOYNTON BEACH FL 33436 | <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition |
| | <input type="checkbox"/> Change <input type="checkbox"/> Addition |
| | <input type="checkbox"/> Change <input type="checkbox"/> 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: Richard T. Murray Date: 3-5-04 561 3951828
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Daytime Phone #