2004 FOR PROFIT CORPORATION ANNUAL REPORT (AR)

04-12-2004 90291 031 ***61.25
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SECRETARY OF STATE
TALLAHASSEE, FLORIDA

MOORE CR2E034 (11/03)

DOCUMENT # 694765

1. Entity Name
SEA OAKS, INC.

Principal Place of Business	Mailing Address
110 2ND ST S PO BOX 2249 GREAT FALLS MT 59401	110 2ND ST S PO BOX 2249 GREAT FALLS MT 59401

2. Principal Place of Business	3. Mailing Address
Suite, Apt. #, etc.	Suite, Apt. #, etc.
City & State	City & State
Zip / Country	Zip / Country

4. FEI Number 81-0268110 ☐ Applied For ☐ Not Applicable

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

6. Name and Address of Current Registered Agent	7. Name and Address of New Registered Agent
MCCANN, A M 1582 GULF BLVD CLEARWATER FL 33767	Name Street Address (P.O. Box Number is Not Acceptable) City **FL** 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 _____ 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

Sent payment on 3/5/04
CC 12343

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

10. OFFICERS AND DIRECTORS			11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11		
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	PST MCCANN, A M 1582 GULF BLVD #1201 CLEARWATER FL 34630	☒ Delete	TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	T Dawn Mellinger 110 2nd St. S. Great Falls, MT 59405	☐ Change ☒ Addition
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	D MCCANN, A M 1582 GULF BLVD #1201 CLEARWATER FL 34630	☐ Delete	TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	S Dawn Mellinger 110 2nd St. S Great Falls, MT 59405	☐ Change ☒ Addition
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	D ARNESON, M M. 2210 FOX DR BILLINGS MT	☒ Delete	TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	D John Ross 8379 Bailey Cir Billings, MT 59102	☐ Change ☒ Addition
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	D MCCANN, S.M. 110 2ND STREET SOUTH GREAT FALLS MT 59401	☐ Delete	TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP		☐ Change ☐ Addition
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP		☐ Delete	TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP		☐ Change ☐ Addition
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP		☐ Delete	TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP		☐ Change ☐ Addition

AMENDED FILING FEE

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: _____ Dawn Mellinger 3/12/04
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR — Date — Daytime Phone #