

2004 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# 708581

**FILED
Apr 28, 2004
Secretary of State**

Entity Name: SEA-N-SHORE WATER SAFETY CONSULTANTS, INC.

Current Principal Place of Business:

9512 SCOT STREET
HUDSON, FL 34669 US

New Principal Place of Business:

6630 ROWAN RD.
NEW PORT RICHEY, FL 34653 US

Current Mailing Address:

9512 SCOT STREET
HUDSON, FL 34669 US

New Mailing Address:

6630 ROWAN RD.
NEW PORT RICHEY, FL 34653 US

FEI Number: 59-1147333 **FEI Number Applied For ()** **FEI Number Not Applicable ()** **Certificate of Status Desired ()**

Name and Address of Current Registered Agent:

MEIER, DAVID P.
9512 SCOT STREET
HUDSON, FL 34669

Name and Address of New Registered Agent:

MEIER, DAVID P.
6630 ROWAN RD.
NEW PORT RICHEY, FL 34653

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.

SIGNATURE: _____ Date: 04/28/2004
Electronic Signature of Registered Agent

OFFICERS AND DIRECTORS:

Title: PD () Delete
Name: MEIER, DAVID P.
Address: 9512 SCOT STREET
City-St-Zip: HUDSON, FL 34669

Title: DVP () Delete
Name: CUEVAS, MIRTHA, M.D.,
Address: 2106 HILLCREST ST.
City-St-Zip: ORLANDO, FL

Title: DST () Delete
Name: WOMACK, BRUCE
Address: 2710 N. DELLWOOD DR.
City-St-Zip: EUSTIS, FL

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

Title: PD (X) Change () Addition
Name: MEIER, DAVID P.
Address: 6630 ROWAN RD.
City-St-Zip: NEW PORT RICHEY, FL 34653

Title: () Change () Addition
Name:
Address:
City-St-Zip:

Title: () Change () Addition
Name:
Address:
City-St-Zip:

I hereby certify that the information supplied with this filing does not qualify for the 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 electronic 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 617, Florida Statutes; and that my name appears above, or on an attachment with an address, with all other like empowered.

SIGNATURE: DAVID P. MEIER PD Date: 04/28/2004
Electronic Signature of Signing Officer or Director