

# 2007 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# 708581

FILED  
Jan 15, 2007  
Secretary of State

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

**Current Principal Place of Business:**

545 UMATILLA BLVD  
UMATILLA, FL 32784 US

**New Principal Place of Business:**

**Current Mailing Address:**

545 UMATILLA BLVD  
UMATILLA, FL 32784 US

**New Mailing Address:**

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  
545 UMATILLA BLVD  
UMATILLA, FL 32784 US

**Name and Address of New Registered Agent:**

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: \_\_\_\_\_

Electronic Signature of Registered Agent

\_\_\_\_\_ Date

**OFFICERS AND DIRECTORS:**

Title: PD ( ) Delete  
Name: MEIER, DAVID P  
Address: 545 UMATILLA BLVD  
City-St-Zip: UMATILLA, FL 32784 US

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

Title: SD ( ) Delete  
Name: HUGHES, GREGORY R  
Address: 545 N UMATILLA BLVD  
City-St-Zip: UMATILLA, FL 32784 US

**ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:**

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

Title: VP (X) Change ( ) Addition  
Name: CUEVAS, MIRTHA, M.D.,  
Address: 2106 HILLCREST ST.  
City-St-Zip: ORLANDO, FL 32808 US

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 Chapter 119, 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

01/15/2007

Electronic Signature of Signing Officer or Director

\_\_\_\_\_ Date