2006 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

FILED
Apr 17, 2006 08:00 AM
Secretary of State

DOCUMENT # 738373

1. Entity Name
SEAHOUSE, INC.

Principal Place of Business	Mailing Address
100 SEAGATE DRIVE NAPLES, FL 34103 US	100 SEAGATE DRIVE NAPLES, FL 34103 US

04082006 No Chg-NP CR2E037 (11/05)

DO NOT WRITE IN THIS SPACE

4. FEI Number
59-1915806
☐ Applied For
☐ Not Applicable

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

6. Name and Address of Current Registered Agent

INGRAM, L. N. III
900 SIXTH AVE. SOUTH
NAPLES, FL

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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)

Filing Fee is $61.25
Due by May 1, 2006

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

10. OFFICERS AND DIRECTORS

TITLE	VD
NAME	DIEBOLT, MICHAEL
STREET ADDRESS	100 SEAGATE DR
CITY-ST-ZIP	NAPLES, FL
TITLE	D
NAME	GARRETT, JOHN
STREET ADDRESS	100 SEAGATE DRIVE
CITY-ST-ZIP	NAPLES, FL
TITLE	PD
NAME	SHAFFER, DAVID
STREET ADDRESS	100 SEAGATE DRIVE
CITY-ST-ZIP	NAPLES, FL
TITLE	D
NAME	RIBLET, PAULINE
STREET ADDRESS	100 SEAGATE DRIVE
CITY-ST-ZIP	NAPLES, FL
TITLE	D
NAME	PFISTER, CHARLES
STREET ADDRESS	100 SEAGATE DRIVE
CITY-ST-ZIP	NAPLES, FL
TITLE	
NAME	
STREET ADDRESS	
CITY-ST-ZIP	

U00000515603
04/29/06-80216-013 61.25

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12. I hereby certify that the information supplied with this filing does not qualify for the exemptions contained 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 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 in Block 10 or Block 11 if changed, or on an attachment with an address, with all other like empowered.

SIGNATURE: _____ 4-10-06 239-262-7057
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR — Date — Daytime Phone #