


# 2008 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

**FILED**  
**Apr 11, 2008 8:00 am**  
**Secretary of State**

04-11-2008 90040 050 \*\*\*\*61.25

<b>DOCUMENT # 738373</b> 1. Entity Name SEA HOUSE, INC.					
Principal Place of Business 100 SEAGATE DRIVE NAPLES, FL 34103 US			Mailing Address 100 SEAGATE DRIVE NAPLES, FL 34103 US		
2. Principal Place of Business - No P.O. Box #		3. Mailing Address			
Suite, Apt. #, etc.		Suite, Apt. #, etc.			
City & State		City & State			
Zip	Country	Zip	Country	4. FEI Number 59-1915806	
5. Certificate of Status Desired <input type="checkbox"/>				\$8.75 Additional Fee Required	
6. Name and Address of Current Registered Agent  INGRAM, L. N. III 900 SIXTH AVE. SOUTH NAPLES, FL			7. Name and Address of New Registered Agent Name Street Address (P.O. Box Number is Not Acceptable) City <div style="display: flex; justify-content: space-between;"> <span>FL</span> <span>Zip Code</span> </div>		
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 _____ <small>Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating)</small>					
<b>Filing Fee is \$61.25 Due by May 1, 2008</b>		9. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/>		<b>\$5.00 May Be Added to Fees</b>	
<b>Make check payable to Florida Department of State</b>					
10. OFFICERS AND DIRECTORS			11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10		
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D DIEBOLT, MICHAEL 100 SEAGATE DR NAPLES, FL		TITLE NAME STREET ADDRESS CITY-ST-ZIP	D SAM SHAHEEN 100 SEAGATE DR NAPLES, FL 34103	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D-322 GARRETT, JOHN 100 SEAGATE DRIVE NAPLES, FL		TITLE NAME STREET ADDRESS CITY-ST-ZIP	Change <input type="checkbox"/> Add <input type="checkbox"/>	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	RD VP-D SHAFFER, DAVID 100 SEAGATE DRIVE NAPLES, FL		TITLE NAME STREET ADDRESS CITY-ST-ZIP	Change <input type="checkbox"/> Add <input type="checkbox"/>	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D PFISTER, CHARLES 100 SEAGATE DRIVE NAPLES, FL		TITLE NAME STREET ADDRESS CITY-ST-ZIP	Change <input type="checkbox"/> Add <input type="checkbox"/>	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	VP PD NENER, PAULA 100 SEAGATE DRIVE NAPLES, FL		TITLE NAME STREET ADDRESS CITY-ST-ZIP	Change <input type="checkbox"/> Add <input type="checkbox"/>	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	Delete <input type="checkbox"/>		TITLE NAME STREET ADDRESS CITY-ST-ZIP	Change <input type="checkbox"/> Add <input type="checkbox"/>	

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 changed, or on an attachment with an address, with all other like empowered.