2009 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

FILED
Apr 24, 2009
Secretary of State

DOCUMENT# 738373

Entity Name: SEA HOUSE, INC.

Current Principal Place of Business:

100 SEAGATE DRIVE
NAPLES, FL 34103 US

New Principal Place of Business:

Current Mailing Address:

100 SEAGATE DRIVE
NAPLES, FL 34103 US

New Mailing Address:

FEI Number: 59-1915806 **FEI Number Applied For ( )** **FEI Number Not Applicable ( )** **Certificate of Status Desired ( )**

Name and Address of Current Registered Agent:

INGRAM, L. N. III
900 SIXTH AVE. SOUTH
NAPLES, FL 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:	D	( ) Delete
Name:	DIEBOLT, MICHAEL	
Address:	100 SEAGATE DR	
City-St-Zip:	NAPLES, FL	
Title:	D	( ) Delete
Name:	GARRETT, JOHN	
Address:	100 SEAGATE DRIVE	
City-St-Zip:	NAPLES, FL	
Title:	PD	( ) Delete
Name:	SHAFFER, DAVID	
Address:	100 SEAGATE DRIVE	
City-St-Zip:	NAPLES, FL	
Title:	D	( ) Delete
Name:	SHAHEEN, SAM	
Address:	100 SEAGATE DRIVE	
City-St-Zip:	NAPLES, FL 34103	
Title:	VP	( ) Delete
Name:	NENER, PAULA	
Address:	100 SEAGATE DRIVE	
City-St-Zip:	NAPLES, FL	

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

Title:	( ) Change ( ) Addition
Name:	
Address:	
City-St-Zip:	
Title:	( ) Change ( ) Addition
Name:	
Address:	
City-St-Zip:	
Title:	( ) Change ( ) Addition
Name:	
Address:	
City-St-Zip:	
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 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 SHAFFER PD 04/24/2009

Electronic Signature of Signing Officer or Director — Date