## 2004 NOT-FOR-PROFIT CORPORATION **ANNUAL REPORT (AR)**

## Aug 09, 2004 8:00 am Secretary of State **DOCUMENT** # 761225 1. Entity Name 08-09-2004 90011 045 \*\*\*\*61 25 SEA BRITT, INC. Principal Place of Business Mailing Address 1331 SOUTH FEDERAL HWY 1331 SOUTH FEDERAL HWY APT # 6 LAKE WORTH FL 33460-5609 LAKE WORTH FL 33460-5609 2. Principal Place of Business 3. Mailing Address Suite, Apt. #, etc. Suite, Apt. #, etc. MOORE CR2E037 (11/03) City & State City & State 4. FEI Number Applied For NO-T APPLICABLE Not Applicable Zip Country Country \$8.75 Additional 5. Certificate of Status Desired Fee Required 6. Name and Address of Current Registered Agent 7. Name and Address of New Registered Agent ELWIN, JOHN Street Address (P.O. Box Number is Not Acceptable) **APT #6** 1331 SOUTH FEDERAL HWY LAKE WORTH FL 33460-5609 Zio Code 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 Signature, woed or printed name of registered agent and title if applicable (NOTE: Registered Agent signature required when reinstating) DATE FILE NOW: FEE IS \$61.25 9. Election Campaign Financing Make Check Payable to \$5.00 May Be Trust Fund Contribution. Due By May 1, 2004 Added to Fees Florida Department of State OFFICERS AND DIRECTORS ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10 10. 11. TITLE ☐ Defete TITLE ☐ Change ☐ Addition ELWIN, STEVE NAME 1331 SOUTH FED HWY APT 6 STREET ADDRESS STREET ADDRESS LAKE WORTH FL CITY-ST-7IP CITY-ST-ZIP TITLE ☐ Delete TITLE Change Addition ELWIN, JOHN NAME NAME 1331 SOUTH FED HWY APT 6 STREET ADDRESS STREET ADDRESS LAKE WORTH FL CITY-ST-ZIP CITY-ST-ZIP TITLE ☐ Delete ☐ Change ☐ Addition ELWIN, BRITT---- --NAME NAME 1331, SOUTH FED HWY APT 6 STREET ADDRESS STREET ADDRESS LAKE WORTH FL CITY-ST-ZIP CITY-ST-ZIP ☐ Delete TITLE ☐ Change ☐ Addition NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-7IP TITLE ☐ Delete Change ☐ Addition NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP TITLE Delete TITLE ☐ Change ☐ Addition NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP

12. I hereby certify that the information supplied with this filing does not qualify 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 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 AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

FILED

Daytime Phone #