

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

DOCUMENT # 761225

1. Entity Name

SEA BRITT, INC.



FILED

04 AUG 23 AM 11:44

SECRETARY OF STATE
 TALLAHASSEE, FLORIDA



MOORE CR2E037 (4/04)

Principal Place of Business
 1331 SOUTH FEDERAL HWY
 APT # 6
 LAKE WORTH FL 33460-5609

Mailing Address

1331 SOUTH FEDERAL HWY
 APT # 6
 LAKE WORTH FL 33460-5609

2. Principal Place of Business

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

Zip

Country

Zip

Country

4. FEI Number

NO-T APPLICABLE

Applied For

Not Applicable

5. Certificate of Status Desired ☐

\$8.75 Additional
 Fee Required

6. Name and Address of Current Registered Agent

7. Name and Address of New Registered Agent

ELWIN, JOHN
 1331 SOUTH FEDERAL HWY
 LAKE WORTH FL 33460-5609

APT #6

Name **BRITT ELWIN**

Street Address (P.O. Box Number is Not Acceptable)

1331 S Federal Hwy APT #6

City **LAKE WORTH**

FL

Zip Code

33460-5609

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

Britt Elwin

BRITT ELWIN

Aug. 20, 2004

Signature, typed or printed name of registered agent and title if applicable.

(NOTE: Registered Agent signature required when reinstating)

DATE

**FILE NOW: FEE IS \$61.25
 Due By September 8, 2004**

9. Election Campaign Financing
 Trust Fund Contribution. ☐

\$5.00 May Be
 Added to Fees

**Make Check Payable to
 Florida Department of State**

10. OFFICERS AND DIRECTORS

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10

TITLE **STD** ☐ Delete
 NAME **ELWIN, STEVE**
 STREET ADDRESS **1331 SOUTH FED HWY APT 6**
 CITY-ST-ZIP **LAKE WORTH FL**

TITLE **VSTD** ☒ Change ☐ Addition
 NAME
 STREET ADDRESS
 CITY-ST-ZIP

TITLE **PD** ☒ Delete
 NAME **ELWIN, JOHN**
 STREET ADDRESS **1331 SOUTH FED HWY APT 6**
 CITY-ST-ZIP **LAKE WORTH FL**

TITLE ☐ Change ☐ Addition
 NAME **700040691867**
 STREET ADDRESS **08/31/04--01048--013 **61.25**
 CITY-ST-ZIP

TITLE **VD** ☐ Delete
 NAME **ELWIN, BRITT**
 STREET ADDRESS **1331 SOUTH FED HWY APT 6**
 CITY-ST-ZIP **LAKE WORTH FL**

TITLE **PD** ☒ Change ☐ Addition
 NAME
 STREET ADDRESS
 CITY-ST-ZIP

TITLE ☐ Delete
 NAME
 STREET ADDRESS
 CITY-ST-ZIP

TITLE ☐ Change ☐ Addition
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TITLE ☐ Change ☐ Addition
 NAME
 STREET ADDRESS
 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: *Britt Elwin* **BRITT ELWIN**

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

Aug 20-04 561-588-5829