

2007 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT (AR)

FILED
Mar 21, 2007 8:00 am
Secretary of State

03-21-2007 90041 042 ****61.25

DOCUMENT # 761225

1. Entity Name

SEA BRITT, INC.



Principal Place of Business

Mailing Address

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

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

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

NO-T APPLICABLE

Applied For

Not Applicable

5. Certificate of Status Desired ☐

\$8.75 Additional
Fee Required

1st MOORE

CR2E037 (10/06)



6. Name and Address of Current Registered Agent

7. Name and Address of New Registered Agent

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

APT #6

Name

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

City

FL

Zip 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, 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 May 1, 2007

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

TITLE
NAME
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☐ Change ☐ Addition

TITLE
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ELWIN, BRITT
1331 SOUTH FED HWY APT 6
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12. I hereby certify that the information supplied with this filing does not qualify for the exemptions contained in Section 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: *Britt Elwin* **Britt Elwin** *March 12-07*
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR *President*

Date

Daytime Phone #