

**2006 FOR PROFIT CORPORATION
ANNUAL REPORT**

FILED
May 09, 2006 8:00 am
Secretary of State

05-09-2006 90090 049 ***150.00

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1. Entity Name
SEASCAPE RESORTS, INC.



Principal Place of Business

**100 SEASCAPE DR
DESTIN, FL 32541**

Mailing Address

**100 SEASCAPE DR
DESTIN, FL 32541**

DO NOT WRITE IN THIS SPACE



03302006 No Chg-P CR2E034 (11/05)

4. FEI Number
63-0847749

Applied For
Not Applicable

5. Certificate of Status Desired ☐ **\$8.75 Additional
Fee Required**

6. Name and Address of Current Registered Agent

**NETTLES, JAY
100 SEASCAPE DRIVE
DESTIN, FL 32550**

**DO NOT WRITE
IN THIS SPACE**

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 \$150.00
After May 1, 2006 Fee will be \$550.00**

9. Election Campaign Financing
Trust Fund Contribution. ☐ **\$5.00 May Be
Added to Fees**

10. OFFICERS AND DIRECTORS

TITLE PD
NAME OSBORN, MARK
STREET ADDRESS 4766 HWY 280
CITY-ST-ZIP BIRMINGHAM, AL 32543

TITLE M
NAME NETTLES, JAY
STREET ADDRESS 100 SEASCAPE DRIVE
CITY-ST-ZIP DESTIN, FL 32550

TITLE VD
NAME OSBORN, BUSTER MARCUS
STREET ADDRESS 4766 HWY 280
CITY-ST-ZIP BIRMINGHAM, AL 35243

TITLE TS
NAME FLEISHER, DAVID
STREET ADDRESS 100 SEASCAPE DRIVE
CITY-ST-ZIP DESTIN, FL

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP

**DO NOT WRITE
IN THIS SPACE**

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 607, 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:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

M. BUSTER OSBORN 4/20/06 (205) 411-3495
Ext 113