2008 FOR PROFIT CORPORATION ANNUAL REPORT

FILED
Apr 11, 2008 08:00 A
Secretary of State

DOCUMENT # 856521

1. Entity Name
SEASCAPE RESORTS, INC.

Principal Place of Business	Mailing Address
100 SEASCAPE DR DESTIN, FL 32541	100 SEASCAPE DR DESTIN, FL 32541

DO NOT WRITE IN THIS SPACE

02132008 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

LORI ELLEN WARD, ESQ.
MATTHEWS & HAWKINS, P.A.
4475 LEGENDARY DR.
DESTIN, FL 32541

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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 _____ DATE
Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating)

FILE NOW!!! FEE IS $150.00
After May 1, 2008 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	VD
NAME	OSBORN, BUSTER
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	
TITLE	
NAME	
STREET ADDRESS	
CITY-ST-ZIP	

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04/23/08-80092-003 705.00

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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: David E Fleisher 3/28/08
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR — Date — Daytime Phone #