

**2005 FOR-PROFIT CORPORATION  
ANNUAL REPORT**

**FILED**  
**Jan 18, 2005 8:00 am**  
**Secretary of State**

01-18-2005 90103 045 \*\*\*150.00

**DOCUMENT # F93445**

1. Entity Name

**SEA CRITTERS, INCORPORATED**



Principal Place of Business

**50 SEA CRITTERS LANE  
KEY LARGO, FL 33037 US**

Mailing Address

**50 SEA CRITTERS LANE  
KEY LARGO, FL 33037 US**

40000000



01062005 No Chg-P CR2E034 (10/03)

4. FEI Number

**59-2211921**

Applied For

Not Applicable

5. Certificate of Status Desired ☐

**\$8.75 Additional  
Fee Required**

**DO NOT WRITE IN THIS SPACE**

6. Name and Address of Current Registered Agent

**JONES, JESSE  
9990 SW 77TH AVE  
PH-15  
MIAMI, FL 33156**

**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, 2005 Fee will be \$550.00**

9. Election Campaign Financing  
Trust Fund Contribution. ☐

**\$5.00 May Be  
Added to Fees**

**10. OFFICERS AND DIRECTORS**

TITLE: **PTD**  
NAME: **MAXWELL, MARY KAUFMAN**  
STREET ADDRESS: **160 N COCONUT PALM BLVD**  
CITY: ST: ZIP: **TAVERNIER FL 33070**

TITLE: **VD**  
NAME: **MAXWELL, ALAN B**  
STREET ADDRESS: **160 N COCONUT PALM BLVD**  
CITY: ST: ZIP: **TAVERNIER FL 33070**

TITLE:  
NAME:  
STREET ADDRESS:  
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**DO NOT WRITE  
IN THIS SPACE**

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 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

**1-06-05**

Date

**(305) 367-2672**

Daytime Phone #