

# 2004 FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# G06990

FILED  
Mar 10, 2004  
Secretary of State

Entity Name: SEA CASTLE MOTEL, INCORPORATED

**Current Principal Place of Business:**

10750 GULF BVLD  
TREASURE ISLAND, FL 33706

**New Principal Place of Business:**

**Current Mailing Address:**

10750 GULF BVLD  
TREASURE ISLAND, FL 33706

**New Mailing Address:**

FEI Number: 22-2424971      FEI Number Applied For ( )      FEI Number Not Applicable ( )      Certificate of Status Desired ( )

**Name and Address of Current Registered Agent:**

SIMONE, STEPHEN CPA  
6439 CENTRAL AVENUE  
ST PETERSBURG, FL 33710      US

**Name and Address of New Registered Agent:**

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.

SIGNATURE: \_\_\_\_\_

Electronic Signature of Registered Agent

\_\_\_\_\_ Date

Election Campaign Financing Trust Fund Contribution ( ).

**OFFICERS AND DIRECTORS:**

Title: D      ( ) Delete  
Name: LEDBROOKE, SIMON  
Address: NO 3 THE SPINNEY RINGLEY RD  
City-St-Zip: WHITEFIELD, MA

Title: PD      ( ) Delete  
Name: WEBB, MICHAEL,  
Address: HOME FARM, EAST LODGE, NEEDWOOD  
City-St-Zip: BURTON-ON-TRENT, EN

Title: ST      ( ) Delete  
Name: CLIFFORD, PETER,  
Address: BLUNSDON HOUSE HOTEL  
City-St-Zip: SWINDON, EN

**ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:**

Title:      ( ) Change ( ) Addition  
Name:  
Address:  
City-St-Zip:

Title:      ( ) Change ( ) Addition  
Name:  
Address:  
City-St-Zip:

Title:      ( ) Change ( ) Addition  
Name:  
Address:  
City-St-Zip:

I hereby certify that the information supplied with this filing does not qualify for the 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 electronic 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 above, or on an attachment with an address, with all other like empowered.

SIGNATURE: MICHAEL WEBB

PD

03/10/2004

\_\_\_\_\_ Electronic Signature of Signing Officer or Director

\_\_\_\_\_ Date