## 2008 FOR PROFIT CORPORATION ANNUAL REPORT

## Jan 10, 2008 08:00 AM DOCUMENT # G65600 Secretary of State 1. Entity Name SEACO SALES, INC. Principal Place of Business Mailing Address 5461 S. ISLAND DRIVE PO BOX 535 HOMOSASSA, FL 3444B HOMOSASSA, FL. 34487 01092008 No Cha-P CR2E034 (11/05) DO NOT WRITE IN THIS SPACE Applied For 4. FEI Number 59-2332893 Not Applicable \$8,75 Additional 5. Certificate of Status Desired 6. Name and Address of Current Registered Agent DO NOT WRITE HALL JR, NATHAN 5461 S. ISLAND DRIVE HOMOSASSA, FL 34448 IN THIS SPACE 8. The above named entity automitis this statement for the purpose of changing its registered office or registered agent, or both, in the State of Florida. I am lamiliar with, and accept the obligations of registered agent. Signature, typed or printed name of registered agent and title if applicable. (NOTE, Registered Agent eigniture required when reinstating) 9. Election Campaign Financing \$5.00 May Be FILE NOW!!! FEE IS \$150.00 After May 1, 2008 Fee will be \$550.00 Trust Fund Contribution. OFFICERS AND DIRECTORS 10. TITLE HALL, BOBBI 5461 S. ISLAND DR. STREET ADDRESS CITY-ST-ZIP HOMOSASSA, FL 34448 TITLE HALL, NATHAN J - 01//10/08-80012-022-150:0**0** 5461 S. ISLAND DRIVE STREET ADDRESS HOMOSASSA, FL 34448 CITY-ST-ZIP NAME STREET ADDRESS DO NOT WRITE CITY-ST-ZIP IN THIS SPACE TITLE HAME STREET ADDRESS CITY-ST-ZIP NAME STREET ADDRESS

12." I hereby certify that the information supplied with this filling 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 chapter 607, Florida natischment with an address, with all other like empowered.

changed, or on an attachment with an address, with all other like empowered

SIGNATURE:

CITY-ST-ZIP

TITLE

NAME

STREET ADDRESS

CITY-ST-ZIP

BIGNATURE AND TYPED OR PRINTED NAME OF BIONING OFFICER OR DIRECTO

January 9 2008

Devime Phone 4

**FILED**