

**2004 FOR PROFIT CORPORATION
ANNUAL REPORT**

FILED
May 03, 2004 08:00 AM
Secretary of State

DOCUMENT # G96111

1. Entity Name
SEAQUILL, INC.



Principal Place of Business

**442 HARBOR DR N
INDIAN ROCKS BEACH, FL 33785 US**

Mailing Address

**442 HARBOR DR N
INDIAN ROCKS BEACH, FL 33785 US**

DO NOT WRITE IN THIS SPACE



04282004 No Chg-P CR2E034 (10/03)

4. FEI Number
59-2503478

Applied For
Not Applicable

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

6. Name and Address of Current Registered Agent

**WILSON, MARILYNN D.
442 HARBOR DR N
INDIAN ROCKS BEACH, FL 34635**

**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, 2004 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 WILSON, MARILYNN D.
STREET ADDRESS 442 HARBOR DR N
CITY - ST - ZIP INDIAN ROCKS BEACH, FL 34635

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04282004-96111-000 150.00

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12. I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Section 19.07(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: Marilynn D. Wilson
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

4/22/04
Date

Daytime Phone # _____