

**2004 FOR PROFIT CORPORATION
ANNUAL REPORT**

FILED
Sep 01, 2004 08:00 AM
Secretary of State

DOCUMENT # H07535

1. Entity Name
SEA-SCAPE MARINE, INC.



Principal Place of Business
**% JAMES C. PATTERSON
37 PRYOR ROAD, S.E.
FT. WALTON BEACH, FL 32548**

Mailing Address
**% JAMES C. PATTERSON
37 PRYOR ROAD, S.E.
FT. WALTON BEACH, FL 32548**



08292004 No Chg-P CR2E034 (10/03)

DO NOT WRITE IN THIS SPACE

4. FEI Number
59-2425350

Applied For
Not Applicable

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

6. Name and Address of Current Registered Agent

**PATTERSON, JAMES C.
37 PRYOR ROAD, S.E.
FT. WALTON BEACH, FL 32548**

**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 \$550.00
Due by September 8, 2004**

9. Election Campaign Financing
Trust Fund Contribution. ☐

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

000000171310

09/01/04-80001-002 558.75

10. OFFICERS AND DIRECTORS

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
**T
PATTERSON, WILLIAM A
37 PRYOR ROAD, S.E
FT. WALTON BEACH, FL**

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
**S
PATTERSON, KAREN A.
37 PRYOR ROAD, S.E
FT. WALTON BEACH, FL**

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
**P
JAMES PATTERSON
37 PRYOR RD., SE
FT. WALTON BEACH, FL**

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP

**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)(f), 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:

Karen A. Patterson, Karen A. Patterson, Secretary

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

8/30/04 858
537
6833