

**2005 FOR PROFIT CORPORATION  
ANNUAL REPORT**

**FILED**  
**Jan 18, 2005 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



01112005 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 if not applicable

[NOTE: Registered Agent signature required when filing 1001]

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

000000184332  
01/20/05-80026-013 158.75

**DO NOT WRITE  
IN THIS SPACE**

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

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

TITLE: P  
NAME: JAMES PATTERSON  
STREET ADDRESS: 37 PRYOR RD., SE  
CITY- ST- ZIP: 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:

12. I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Section 19 (c)(3)(b) 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 1-11-05

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

850-837-6833