


# 2005 FOR PROFIT CORPORATION ANNUAL REPORT

**FILED**  
**Jan 21, 2005 8:00 am**  
**Secretary of State**

01-21-2005 90056 043 \*\*\*150.00

<b>DOCUMENT # H08035</b> 1. Entity Name <b>SEA TREK REALTY, INC.</b>					
Principal Place of Business 1630 CLUB DR. VERO BEACH, FL <del>32960</del> <div style="text-align: right; font-size: 1.2em;">32963</div>			Mailing Address 1630 CLUB DR. STE. 1 VERO BEACH, FL <del>32960</del> <div style="text-align: right; font-size: 1.2em;">32963</div>		
2. Principal Place of Business <div style="font-size: 1.2em;">1630 CLUB DR</div>		3. Mailing Address <div style="font-size: 1.2em;">1630 CLUB DR</div>			
Suite, Apt. #, etc.		Suite, Apt. #, etc.			
City & State <div style="font-size: 1.2em;">Vero Bch, FL</div>		City & State <div style="font-size: 1.2em;">Vero Bch, FL</div>		4. FEI Number <b>59-2427169</b>	
Zip <div style="font-size: 1.2em;">32963</div>		Country <div style="font-size: 1.2em;">USA</div>		5. Certificate of Status Desired <input type="checkbox"/> <b>\$8.75</b> Additional Fee Required	
6. Name and Address of Current Registered Agent  <b>GARTNER, NED M.</b> <b>945 TULIP LANE</b> <b>VERO BEACH, FL 32963</b>			7. Name and Address of New Registered Agent Name _____ Street Address (P.O. Box Number is Not Acceptable) _____ City _____ <b>FL</b> Zip Code _____		
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 _____ <small>Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating) DATE</small>					
<b>FILE NOW!!! FEE IS \$150.00</b> <b>After May 1, 2005 Fee will be \$550.00</b>		9. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/> <b>\$5.00</b> May Be Added to Fees			
<b>10. OFFICERS AND DIRECTORS</b>			<b>11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11</b>		
TITLE NAME STREET ADDRESS CITY-ST-ZIP	PT <b>GARTNER, NED M.</b> <b>945 TULIP LANE</b> <b>VERO BEACH, FL</b>		TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	VS <b>GARTNER, LORRAINE S.</b> <b>945 TULIP LANE</b> <b>VERO BEACH, FL</b>		TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete		TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete		TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete		TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete		TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition	
12. I hereby certify that the information supplied with this filing does not qualify 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 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.					
<b>SIGNATURE:</b> <i>Lorraine S. Gartner VP</i>			Date <i>1/17/05</i> Daytime Phone # <i>772-231-8480</i>		

**50005058**



01172005 Chg-P CR2E034 (10/03)