

2004 FOR PROFIT CORPORATION ANNUAL REPORT (AR)

FILED
Mar 24, 2004 8:00 am
Secretary of State

03-24-2004 90015 020 ***150.00

DOCUMENT # H80182

1. Entity Name

SEAMARK ELECTRONICS, INC.



Principal Place of Business

% WALTER C. CHRISTENSEN
2994 OVERSEAS HWY
MARATHON FL 33050

Mailing Address

% WALTER C. CHRISTENSEN
2994 OVERSEAS HWY
MARATHON FL 33050

2. Principal Place of Business

2994 Overseas Hwy

Suite, Apt. #, etc.

3. Mailing Address

2994 Overseas Hwy

Suite, Apt. #, etc.



MOORE

CR2E034 (11/03)

City & State

Marathon FL

Zip

33050

Country

Monroe

City & State

Marathon FL

Zip

33050

Country

4. FEI Number

59-2590610

Applied For

Not Applicable

5. Certificate of Status Desired

☐

\$8.75 Additional
Fee Required

6. Name and Address of Current Registered Agent

CHRISTENSEN, WALTER C.
2994 OVERSEAS HWY
MARATHON FL 33050

7. Name and Address of New Registered Agent

Name

McKemie William H

Street Address (P.O. Box Number is Not Acceptable)

2994 Overseas Hwy.

City

Marathon

FL

Zip Code

33050

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

William H. McKemie

Signature, typed or printed name of registered agent and title if applicable.

(NOTE: Registered Agent signature required when reinstating)

3-19-04

DATE

FILE NOW!!! FEE IS \$150.00

After May 1, 2004: Fee will be \$550.00

Make Check Payable to Florida Department of State

9. Election Campaign Financing
Trust Fund Contribution.

☐

\$5.00 May Be
Added to Fees

10. OFFICERS AND DIRECTORS

TITLE	PD	<input checked="" type="checkbox"/> Delete
NAME	CHRISTENSEN, WALTER C.	
STREET ADDRESS	311 STIRRUP KEY BLVD	
CITY-ST-ZIP	MARATHON FL	
TITLE	STD	<input type="checkbox"/> Delete
NAME	CHRISTENSEN, SHIRLI O.	
STREET ADDRESS	311 STIRRUP KEY BLVD	
CITY-ST-ZIP	MARATHON FL	
TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE	PD	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	William H. McKemie	
STREET ADDRESS	2994 Overseas Hwy.	
CITY-ST-ZIP	Marathon, FL 33050	
TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
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 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.

SIGNATURE: William H. McKemie 3/19/04 305 743-6633

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #