


**2005 FOR PROFIT CORPORATION  
ANNUAL REPORT**

**FILED**  
**Apr 23, 2005 08:00 AM**  
**Secretary of State**

**DOCUMENT # J15910**  
1. Entity Name  
**SEASPRAY OCEANFRONT RESORTS, INC.**



Principal Place of Business <b>% PHILLIP C. BOWSER 123 OCEAN AVE. PALM BEACH SHORES, FL 33404</b>	Mailing Address <b>% PHILLIP C. BOWSER 123 OCEAN AVE. PALM BEACH SHORES, FL 33404</b>
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04192005 No Chg-P CR2E034 (10/03)

**DO NOT WRITE IN THIS SPACE**

4. FEI Number <b>59-2694191</b>	Applied For <input type="checkbox"/> Not Applicable
5. Certificate of Status Desired <input type="checkbox"/>	<b>\$8.75</b> Additional Fee Required

6. Name and Address of Current Registered Agent  
**BOWSER, PHILLIP C.  
123 OCEAN AVE.  
PALM BEACH SHORES, FL 33404**

**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 \_\_\_\_\_ (NOTE: Registered Agent signature required when reinstating) 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	
TITLE NAME STREET ADDRESS CITY - ST - ZIP	PST BOWSER, SHIRLEY 123 OCEAN AVE. PALM BEACH SHRS, FL
TITLE NAME STREET ADDRESS CITY - ST - ZIP	D BOWSER, PHILLIP 123 OCEAN AVE PALM BEACH SHRS, FL
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04/23/05-80032-020 150.00

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:** *P.C. Bowser* 4/21/05 (561) 844-0233  
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #  
**P.C. BOWSER DIRECTOR**