

# 2005 FOR PROFIT CORPORATION ANNUAL REPORT

**FILED**  
**Feb 18, 2005 8:00 am**  
**Secretary of State**

02-18-2005 90060 039 \*\*\*150.00

**DOCUMENT # J57653**

1. Entity Name  
**SEA GATE PARK, INC.**



Principal Place of Business

~~8401 N. ATLANTIC AVENUE~~ <sup>DR</sup> 2264 DEERWOOD  
~~APT# A-2~~ NEW SMYRNA BEACH, FL  
~~CAPE CANAVERAL, FL 32920~~ 32168

Mailing Address

C/O JOHN G. ESTOCK  
9800 4TH ST. NORTH, SUITE 300  
SAINT PETERSBURG, FL 33702

20012810



01032005 No Chg-P CR2E034 (10/03)

**DO NOT WRITE IN THIS SPACE**

4. FEI Number <b>59-2844785</b>	Applied For Not Applicable
5. Certificate of Status Desired <input type="checkbox"/> <b>\$8.75 Additional Fee Required</b>	

6. Name and Address of Current Registered Agent

SPIELVOGEL, LEONARD  
~~8401 N. ATLANTIC AVENUE~~ 2264 DEERWOOD DR  
~~APT# A-2~~ NEW SMYRNA BEACH, FL  
~~CAPE CANAVERAL, FL 32920~~ 32168

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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 \$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	PTSD
NAME	SPIELVOGEL, LEONARD
STREET ADDRESS	<del>8401 N. ATLANTIC AVENUE</del> <sup>DR</sup> 2264 DEERWOOD
CITY-ST-ZIP	<del>CAPE CANAVERAL, FL 32920</del> NEW SMYRNA BEACH, FL 32168
TITLE	
NAME	
STREET ADDRESS	
CITY-ST-ZIP	
TITLE	
NAME	
STREET ADDRESS	
CITY-ST-ZIP	
TITLE	
NAME	
STREET ADDRESS	
CITY-ST-ZIP	
TITLE	
NAME	
STREET ADDRESS	
CITY-ST-ZIP	

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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)(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:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

2/5/05