


2004 FOR PROFIT CORPORATION ANNUAL REPORT

FILED
Sep 01, 2004 08:00 AM
Secretary of State

DOCUMENT # J69697		
1. Entity Name SEASCAPE CONSTRUCTION CO. OF OKALOOSA CO., INC.		

Principal Place of Business % JAMES C. PATTERSON 37 PRYOR RD S.E. FT WALTON BEACH, FL 32548	Mailing Address % JAMES C. PATTERSON 37 PRYOR RD S.E. FT WALTON BEACH, FL 32548
--	--

DO NOT WRITE IN THIS SPACE

08292004 No Chg-P CR2E034 (10/03)	
4. FEI Number 59-2823071	Applied For Not Applicable
5. Certificate of Status Desired <input checked="" type="checkbox"/> \$8.75 Additional Fee Required	

6. Name and Address of Current Registered Agent

PATTERSON, JAMES C.
 37 PRYOR RD
 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 _____ DATE _____
Signature, typed or printed name of registered agent and title if applicable (NOTE: Registered Agent signature required when reinstating)

FILE NOW!!! FEE IS \$550.00 Due by September 8, 2004	9. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/> \$5.00 May Be Added to Fees	U00000171311 09/01/04-80001-003 558.75
---	---	---

10. OFFICERS AND DIRECTORS	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	PD PATTERSON, JAMES C. 37 PRYOR RD S.E. FT WALTON BEACH, FL 32548
TITLE NAME STREET ADDRESS CITY-ST-ZIP	VD PATTERSON, KAREN A 37 PRYOR RD S.E. FT WALTON BEACH, FL 32548
TITLE NAME STREET ADDRESS CITY-ST-ZIP	SD PATTERSON, WILLIAM A 120 CHICAGO AVE FT WALTON BCH, FL
TITLE NAME STREET ADDRESS CITY-ST-ZIP	TD PATTERSON, JAMES C III 37 PRYOR RD. S.E. FT WALTON BEACH, FL 32548
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<i>304 Terrence [unclear]</i>
TITLE NAME STREET ADDRESS CITY-ST-ZIP	

DO NOT WRITE 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)(f), 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* *8/30/04* *850 837*
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone # 6833