

2005 FOR PROFIT CORPORATION ANNUAL REPORT

FILED
Jan 18, 2005 08:00 AM
Secretary of State

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



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



01112005 No Chg. P CR2E034 (10/03)

DO NOT WRITE IN THIS SPACE

4. FCI Number: **59-2823071** Applied For: Not Applicable
 5. Certificate of Status Desired: **\$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 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 filer in application. NOTE: Registered Agent signature required here.

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	PD
NAME	PATTERSON, JAMES C.
STREET ADDRESS	37 PRYOR RD S.E.
CITY - ST - ZIP	FT WALTON BEACH, FL 32548
TITLE	VD
NAME	PATTERSON, KAREN A
STREET ADDRESS	37 PRYOR RD S.E.
CITY - ST - ZIP	FT WALTON BEACH, FL 32548
TITLE	SD
NAME	PATTERSON, WILLIAM A
STREET ADDRESS	120 CHICAGO AVE
CITY - ST - ZIP	FT WALTON BCH, FL
TITLE	TD
NAME	PATTERSON, JAMES C III
STREET ADDRESS	37 PRYOR RD. S.E.
CITY - ST - ZIP	FT WALTON BEACH, FL 32548
TITLE	
NAME	
STREET ADDRESS	
CITY - ST - ZIP	
TITLE	
NAME	
STREET ADDRESS	
CITY - ST - ZIP	

U00000184331
 01/20/05-80026-012 158.75

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 119.01(1), 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 in person, 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 - Director 1-11-05 850-837-6833
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR