

**2004 FOR PROFIT CORPORATION
ANNUAL REPORT**

FILED
Apr 29, 2004 8:00 am
Secretary of State

04-29-2004 90214 016 ***150.00

DOCUMENT # J95970

1. Entity Name
CEA INVESTMENTS, INC.



Principal Place of Business
101 EAST KENNEDY BLVD.
SUITE 3300
TAMPA, FL 33602

Mailing Address
101 EAST KENNEDY BLVD.
SUITE 3300
TAMPA, FL 33602

94070798



04262004 No Chg-P CR2E034 (10/03)

DO NOT WRITE IN THIS SPACE

4. FEI Number
59-2853612

Applied For
Not Applicable

5. Certificate of Status Desired ☐ **\$8.75** Additional
Fee Required

6. Name and Address of Current Registered Agent

JUNG, MING G
101 EAST KENNEDY BLVD.
STE 3300
TAMPA, FL 33602

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

**FILE NOW!!! FEE IS \$150.00
After May 1, 2004 Fee will be \$550.00**

9. Election Campaign Financing
Trust Fund Contribution. ☐ **\$5.00** May Be
Added to Fees

10. OFFICERS AND DIRECTORS

TITLE	DP
NAME	MICHAELS, J. PATRICK, JR
STREET ADDRESS	101 KENNEDY BL 3300
CITY-ST-ZIP	TAMPA, FL
TITLE	VS
NAME	HORWITZ, ANGELA L
STREET ADDRESS	101 KENNEDY BL 3300
CITY-ST-ZIP	TAMPA, FL 33602
TITLE	V
NAME	GORDON, BRAD A
STREET ADDRESS	101 E. KENNEDY BLVD., STE. 3300
CITY-ST-ZIP	TAMPA, FL
TITLE	VT
NAME	JUNG, MING
STREET ADDRESS	101 E KENNEDY BLVD, SUITE 3300
CITY-ST-ZIP	TAMPA, FL
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:

Angela L Horwitz Angela L. Horwitz 4/26/04 (813) 226-8844
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #