


2007 FOR PROFIT CORPORATION ANNUAL REPORT

FILED
Mar 26, 2007 8:00 am
Secretary of State

03-26-2007 90069 001 ***158.75

DOCUMENT # L17159

1. Entity Name
HIGH SEAS TECHNOLOGY, INC.



Principal Place of Business Mailing Address

% GEORGE M. IRVINE, JR. **% GEORGE M. IRVINE, JR.**
2965 W SR 84 **2965 W SR 84**
FT LAUDERDALE, FL 33312 **FT LAUDERDALE, FL 33312**

2. Principal Place of Business - No P.O. Box # 3. Mailing Address

Suite, Apt. #, etc. Suite, Apt. #, etc.

City & State City & State

Zip Country Zip Country



02242007 Chg-P CR2E034 (12/06)

6. Name and Address of Current Registered Agent

IRVINE, GEORGE M III
2965 W SR 84
FT LAUDERDALE, FL 33312

4. FEI Number Applied For

65-0142526 Not Applicable

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

7. Name and Address of New Registered Agent

Name

Street Address (P.O. Box Number is Not Acceptable)

City **FL** Zip Code

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 *George M. Irvine* DATE 2-26-07

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

FILE NOW!!! FEE IS \$150.00
After May 1, 2007 Fee will be \$550.00

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

10. OFFICERS AND DIRECTORS

TITLE	DC	<input type="checkbox"/> Delete
NAME	IRVINE, GEORGE M., JR.	
STREET ADDRESS	2965 W SR 84	
CITY-ST-ZIP	FT LAUDERDALE, FL	
TITLE	V	<input type="checkbox"/> Delete
NAME	COLLER, SCOT M.	
STREET ADDRESS	2965 W. SR 84	
CITY-ST-ZIP	FT. LAUDERDALE, FL	
TITLE	S	<input checked="" type="checkbox"/> Delete
NAME	IRVINE, JOAN M.	
STREET ADDRESS	2965 W SR 84	
CITY-ST-ZIP	FT LAUDERDALE, FL	
TITLE	P	<input type="checkbox"/> Delete
NAME	IRVINE, GEORGE M III	
STREET ADDRESS	2965 W. STATE ROAD	
CITY-ST-ZIP	FORT LAUDERDALE, FL 33312	
TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		

12. I hereby certify that the information supplied with this filing does not qualify for the exemptions contained in Chapter 119, 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: *George M. Irvine* UP 2-26-07 954-537-8400

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #