

# **2011 FOR PROFIT CORPORATION ANNUAL REPORT**

DOCUMENT# L23023

**FILED**  
**Mar 03, 2011**  
**Secretary of State**

**Entity Name:** SEAHORSE SHOPPING CENTER, INC.

**Current Principal Place of Business:**

C/O JOHN T. NAPPI  
362 PERIWINKLE WAY  
SANIBEL, FL 33957

**New Principal Place of Business:**

**Current Mailing Address:**

C/O JOHN T. NAPPI  
362 PERIWINKLE WAY  
SANIBEL, FL 33957

**New Mailing Address:**

**FEI Number:** 65-0142355

**FEI Number Applied For ( )**

**FEI Number Not Applicable ( )**

**Certificate of Status Desired ( )**

**Name and Address of Current Registered Agent:**

NAPPI, JOHN T  
C/O SEAHORSE SHOPPING CENTER INC.  
362 PERIWINKLE WAY  
SANIBEL, FL 33957 US

**Name and Address of New Registered Agent:**

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.

**SIGNATURE:**

\_\_\_\_\_  
Electronic Signature of Registered Agent

\_\_\_\_\_  
Date

**OFFICERS AND DIRECTORS:**

**Title:** DP  
**Name:** NAPPI, JOHN T  
**Address:** 16224 EDGEMONT DR  
**City-St-Zip:** FT MYERS, FL 33908

**Title:** SD  
**Name:** NAPPI, THOMAS  
**Address:** 16224 EDGEMONT DR  
**City-St-Zip:** FT MYERS, FL 33908

**Title:** VPD  
**Name:** NAPPI, JOANNE  
**Address:** 16224 EDGEMONT DR  
**City-St-Zip:** FT MYERS, FL 33908

I hereby certify that the information indicated on this report or supplemental report is true and accurate and that my electronic 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 above, or on an attachment with all other like empowered.

**SIGNATURE:** JOHN T NAPPI

DP

03/03/2011

\_\_\_\_\_  
Electronic Signature of Signing Officer or Director

\_\_\_\_\_  
Date