

**2004 FOR PROFIT CORPORATION
ANNUAL REPORT**

FILED

**Mar 18, 2004 08:00 AM
Secretary of State**

DOCUMENT # L34990

1. Entity Name
SEA SENSE, INC.



Principal Place of Business

**% EDWIN PECK
259 4TH AVENUE NORTH
ST PETERSBURG, FL 33701-9911**

Mailing Address

**% EDWIN PECK
259 4TH AVENUE NORTH
ST PETERSBURG, FL 33701-9911**



03032004 No Chg-P CR2E034 (10/03)

DO NOT WRITE IN THIS SPACE

4. FEI Number
59-2981092

Applied For
Not Applicable

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

6. Name and Address of Current Registered Agent

**PECK, EDWIN
259 4TH AVE N
ST PETERSBURG, FL 33701**

**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 _____

Signature, typed or printed name of registered agent and title if applicable.

(NOTE: Registered Agent signature required when reinstating)

DATE _____

**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 NAME STREET ADDRESS CITY - ST - ZIP	PT CUDDYER, CAROL 25 THAMES STREET NEW LONDON, CT 06320
TITLE NAME STREET ADDRESS CITY - ST - ZIP	VPS MOORE, PATRICIA ANNE 4560 OVERLOOK DRIVE N.E. ST. PETERSBURG, FL 33703
TITLE NAME STREET ADDRESS CITY - ST - ZIP	
TITLE NAME STREET ADDRESS CITY - ST - ZIP	
TITLE NAME STREET ADDRESS CITY - ST - ZIP	
TITLE NAME STREET ADDRESS CITY - ST - ZIP	

000000091435
03/18/04-80009-005 150.00

**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)(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 507, 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: Patricia A. Moore **PATRICIA A. MOORE** 3/18/04 727 5651464
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #