

2006 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

FILED
Apr 03, 2006 08:00 AM
Secretary of State

DOCUMENT # N98000006559

1. Entity Name
SEA-MESTER, INC.



Principal Place of Business
1819 GLENGARY STREET
SARASOTA, FL 34231

Mailing Address
P O BOX 4009
SARASOTA, FL 34230



01062006 No Chg-NP CR2E037 (11/05)

DO NOT WRITE IN THIS SPACE

4. FEI Number
59-1316207

Applied For
Not Applicable

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

6. Name and Address of Current Registered Agent

STOLL, JAMES M
1819 GLENGARY STREET
SARASOTA, FL 34231

**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 re-registering)

DATE

Filing Fee is \$61.25
Due by May 1, 2006

9. Election Campaign Financing
Trust Fund Contribution. ☐

\$5.00 May Be
Added to Fees

000000490892
04/18/06-80072-014 \$1.25

10. OFFICERS AND DIRECTORS

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
PD
STOLL, JAMES M
1819 GLENGARY STREET
SARASOTA, FL 34231

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
T
NOBLE, BECKY S
1819 GLENGARY STREET
SARASOTA, FL 34231

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
S
STOLL, CAREEN
1819 GLENGARY STREET
SARASOTA, FL 34231

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
D
STOLL, JASON
1819 GLENGARY STREET
SARASOTA, FL 34231

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
VO
MEIGHAN, MICHAEL
1819 GLENGARY STREET
SARASOTA, FL

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP

**DO NOT WRITE
IN THIS SPACE**

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 517, 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:

James M Stoll

March 22, 2006

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR
JAMES M. STOLL, AS PRESIDENT

Date

Daytime Phone #