

**2007 NOT-FOR-PROFIT CORPORATION
ANNUAL REPORT**

FILED
Feb 08, 2007 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

DO NOT WRITE IN THIS SPACE



02022007 No Chg-NP CR2E037 (4/06)

4. FEI Number
59-1316207

Applied For
Not Applicable

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

6. Name and Address of Current Registered Agent

STOLL, JAMES M
1819 GLENGARY STREET
SARASOTA, FL 34231

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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

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

(NOTE: Registered Agent signature required when reinstating)

DATE

**Filing Fee is \$61.25
Due by May 1, 2007**

9. Election Campaign Financing
Trust Fund Contribution. ☐

**\$5.00 May Be
Added to Fees**

10. OFFICERS AND DIRECTORS

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

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

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

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

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

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP

U00000628817
02/16/07-80031-025 61.25

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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 617, 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:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

JAMES M. STOLL, AS PRESIDENT

6 Feb 2007

941-924-6789