

**2008 NOT-FOR-PROFIT CORPORATION
ANNUAL REPORT**

FILED
Mar 17, 2008 08:00 A
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

02062008 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**

**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

**Filing Fee is \$61.25
Due by May 1, 2008**

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

**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 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
James M. Stoll, As President

March 4 2008 941-924-6789

Date

Daytime Phone #