


2004 FOR PROFIT CORPORATION ANNUAL REPORT

FILED
Feb 02, 2004 8:00 am
Secretary of State

02-02-2004 90020 036 ***150.00

DOCUMENT # P00000010735					
1. Entity Name SEACO SERVICES, INC.					
Principal Place of Business 2101 SAPELO AVENUE S.E. PALM BAY, FL 32909			Mailing Address 2101 SAPELO AVENUE S.E. PALM BAY, FL 32909		
2. Principal Place of Business 338 Trilby Rd SW		3. Mailing Address 338 Trilby Rd SW			
Suite, Apt. #, etc.		Suite, Apt. #, etc.			
City & State Palm Bay FL		City & State Palm Bay FL		4. FEI Number 59-3622782	
Zip 32908		Country USA		Applied For Not Applicable	
5. Certificate of Status Desired <input type="checkbox"/>				\$8.75 Additional Fee Required	
6. Name and Address of Current Registered Agent EASTWOOD, STEPHEN R 2101 SAPELO AVENUE S.E. PALM BAY, FL 32909			7. Name and Address of New Registered Agent Name <u>Steve Eastwood</u> Street Address (P.O. Box Number is Not Acceptable) <u>338 Trilby Road SW</u> City <u>Palm Bay</u> <u>FL</u> <u>32908</u>		
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, the registered agent. SIGNATURE: <u>[Signature]</u> <u>Steve Eastwood Reg. Agent</u> 1/20/04 <small>(NOTE: Registered Agent signature required when re-registering)</small>					
FILE NOW!!! FEE IS \$150.00 After May 1, 2004 Fee will be \$550.00			9. Election Campaign Financing <input type="checkbox"/> \$5.00 May Be Added to Fees		
10. OFFICERS AND DIRECTORS			11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11		
TITLE NAME STREET ADDRESS CITY-ST-ZIP	DST EASTWOOD, STEPHEN R 2101 SAPELO AVENUE S.E. PALM BAY, FL 32909		TITLE NAME STREET ADDRESS CITY-ST-ZIP	D/P/S/T Eastwood, Steve R 338 Trilby Road SW Palm Bay FL 32908	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete		TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete		TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition	
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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 607, 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: <u>[Signature]</u>			Steve Eastwood, Pres 1/20/04 (321) 725-0080		
<small>SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR</small>			<small>Date Daytime Phone #</small>		