## 2008 FOR PROFIT CORPORATION ANNUAL REPORT

## May 19, 2008 8:00 am Secretary of State **DOCUMENT # P00000036482** 05-19-2008 90041 006 \*\*\*150 00 SEAFARER'S 2000, INC. Principal Place of Business Mailing Address 6170 FIRST FINANCIAL DRIVE 1113 ESTERO BLVD FORT MYERS BEACH, FL 33931 BURLINGTON, KY 41005 04242008 No Chg-P CR2E034 (11/05) DO NOT WRITE IN THIS SPACE Applied For 4. FEI Number 65-1001295 Not Applicable \$8.75 Additional 5. Certificate of Status Desired Fee Required 6. Name and Address of Current Registered Agent MÉYERS, AMANDA L DO NOT WRITE 9077 THE LANE NAPLES, FL 34109 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 9. Election Campaign Financing \$5.00 May Be FILE NOW!!! FEE IS \$150.00 Trust Fund Contribution. Added to Fees After May 1, 2008 Fee will be \$550.00 10. OFFICERS AND DIRECTORS TITLE **BURNS, FRED** NAME +3406 CREEN ROAD 6170 15 Firancial Dr4 301 STREET ADDRESS CITY-ST-ZIP TITLE NAME MEYERS, AMANDA L STREET ADDRESS 9077 THE LANE CITY-ST-ZIP NAPLES, FL 34109 TITLE NAME STREET ADDRESS DO NOT WRITE CITY-ST-ZIP IN THIS SPACE NAME STREET ADDRESS CITY-ST-ZIP TITLE NAME

FILED

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 cath; 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.

CICNIATUDE.

STREET ADDRESS CITY-ST-ZIP TITLE NAME STREET ADDRESS CITY-ST-ZIP

4/28/08