

**2004 FOR PROFIT CORPORATION  
ANNUAL REPORT**

**FILED**  
**Apr 26, 2004 08:00 AM**  
**Secretary of State**

**DOCUMENT # P00000053478**

1. Entity Name  
**SEA K3, INC.**



Principal Place of Business  
**16488 CAPTIVA ROAD  
CAPTIVA, FL 33924**

Mailing Address  
**16488 CAPTIVA ROAD  
CAPTIVA, FL 33924**

**DO NOT WRITE IN THIS SPACE**



04132004 No Chg-P CR2E034 (10/03)

4. FEI Number  
**65-1027184**

Applied For  
Not Applicable

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

**6. Name and Address of Current Registered Agent**

**RECKER, WILLIAM J  
16488 CAPTIVA ROAD  
CAPTIVA, FL 33924**

**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 \_\_\_\_\_ (NOTE: Registered Agent signature required when reinstating) DATE \_\_\_\_\_  
Signature, typed or printed name of registered agent and title if applicable

**FILE NOW!!! FEE IS \$150.00  
After May 1, 2004 Fee will be \$550.00**

9. Election Campaign Financing  
Trust Fund Contribution. ☐ **\$5.00 May Be  
Added to Fees**

**10. OFFICERS AND DIRECTORS**

TITLE	D
NAME	RECKER, WILLIAM J
STREET ADDRESS	16488 CAPTIVA ROAD
CITY-ST-ZIP	CAPTIVA, FL 33924
TITLE	D
NAME	RECKER, BROOKE E
STREET ADDRESS	16488 CAPTIVA ROAD
CITY-ST-ZIP	CAPTIVA, FL 33924
TITLE	VP
NAME	GALLI, PETER R
STREET ADDRESS	16488 CAPTIVA RD
CITY-ST-ZIP	CAPTIVA, FL 33924
TITLE	
NAME	
STREET ADDRESS	
CITY-ST-ZIP	
TITLE	
NAME	
STREET ADDRESS	
CITY-ST-ZIP	

U00000133101  
04/27/04-30069-016 150.00

**DO NOT WRITE  
IN THIS SPACE**

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:   
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

4/22/04 412.7417331  
Date Daytime Phone #