

# **2012 FOR PROFIT CORPORATION ANNUAL REPORT**

DOCUMENT# P00000086245

Entity Name: SEAAMERICA CORP.

**FILED**  
**Feb 10, 2012**  
**Secretary of State**

**Current Principal Place of Business:**

146 N.W. BROADVIEW ST.  
PORT ST LUCIE, FL 34983 US

**New Principal Place of Business:**

**Current Mailing Address:**

P O BOX 880518  
PORT ST LUCIE, FL 34988 US

**New Mailing Address:**

FEI Number: 65-1039292

FEI Number Applied For ( )

FEI Number Not Applicable ( )

Certificate of Status Desired ( )

**Name and Address of Current Registered Agent:**

BEACH, EDWIN R  
146 NW BROADVIEW STREET  
PORT ST LUCIE, FL 34983 US

**Name and Address of New Registered Agent:**

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.

SIGNATURE:

\_\_\_\_\_  
Electronic Signature of Registered Agent

\_\_\_\_\_  
Date

**OFFICERS AND DIRECTORS:**

Title: PSD  
Name: CAREY, GAIL M  
Address: 146 NW BROADVIEW STREET  
City-St-Zip: PORT ST LUCIE, FL 34983 US

Title: VTD  
Name: BEACH, EDWIN R  
Address: 146 NW BROADVIEW STREET  
City-St-Zip: PORT ST LUCIE, FL 34983 US

I hereby certify that the information indicated on this report or supplemental report is true and accurate and that my electronic 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 above, or on an attachment with all other like empowered.

SIGNATURE: GAIL CAREY

PRES

02/10/2012

\_\_\_\_\_  
Electronic Signature of Signing Officer or Director

\_\_\_\_\_  
Date