

2008 FOR PROFIT CORPORATION ANNUAL REPORT (AR)

FILED
Mar 24, 2008 08:00 AM
Secretary of State

DOCUMENT # P01000026971	
1. Entity Name SEASCAPE COMPANY	

Principal Place of Business 4940 WESTCHESTER CT, #3702 NAPLES FL 34105	Mailing Address P.O. BOX 170768 MILWAUKEE WI 53217
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2. Principal Place of Business - No P.O. Box # State, Apt. #, etc.	3. Mailing Address State, Apt. #, etc.
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1st MOORE CR2E034 (10/07)

City & State	City & State	4. FEI Number 59-3703546	Applied For ☐ Not Applicable
Zip	Country	Zip	Country

5. Certificate of Status Desired ☒	\$8.75 Additional Fee Required
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6. Name and Address of Current Registered Agent WHITCROFT, WILLIAM J 4940 WESTCHESTER CT, #3702 NAPLES FL 34105	
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7. Name and Address of New Registered Agent	
Name	
Street Address (P.O. Box Number is Not Acceptable)	
City	FL Zip Code

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 re-registering) DATE _____

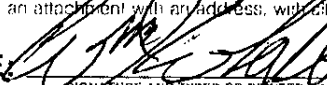
FILE NOW!!! FEE IS \$150.00
After May 1, 2008 Fee Will Be \$550.00
Make Check Payable to Florida Department of State

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

10. OFFICERS AND DIRECTORS	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	DVS WHITCROFT, WILLIAM J 4940 WESTCHESTER CT, #3702 NAPLES FL 34105 ☐ Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	DPT WHITCROFT, KATHLEEN K 4940 WESTCHESTER CT, #3702 NAPLES FL 34105 ☐ Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	☐ Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	☐ Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	☐ Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	☐ Delete

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	☐ Change ☐ Addition 000000869200 04/09/08-80039-015 158.75
TITLE NAME STREET ADDRESS CITY-ST-ZIP	☐ Change ☐ Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	☐ Change ☐ Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	☐ Change ☐ Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	☐ Change ☐ Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	☐ Change ☐ Addition

12. I hereby certify that the information supplied with this filing does not qualify for the exemptions contained in Section 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 607, Florida Statutes; and that my name appears in Block 10 or Block 11 if changed, or on an attachment with an address, without other like employment.

SIGNATURE  **SECRETARY** 3/20/08 **239-263-7267**