

2004 FOR PROFIT CORPORATION ANNUAL REPORT (AR)

FILED
Sep 29, 2004 8:00 am
Secretary of State

09-29-2004 90001 010 ***550.00

DOCUMENT # P01000075969

1. Entity Name

SEA WISH, INC.



Principal Place of Business

729 HULL COURT
MARCO ISLAND FL 34145

Mailing Address

729 HULL COURT
MARCO ISLAND FL 34145

54073595

2. Principal Place of Business

771 Giralda
Suite, Apt. #, etc.

3. Mailing Address

771 Giralda CT
Suite, Apt. #, etc.



MOORE

CR2E034 (4/04)

City & State

Marco Island FL

City & State

MARCO Island FL

4. FEI Number

65-1129656

Applied For

Not Applicable

Zip

34145

Country

USA

Zip

34145

Country

USA

5. Certificate of Status Desired ☐

\$8.75 Additional
Fee Required

6. Name and Address of Current Registered Agent

WEBSTER, RONALD S
985 N COLLIER BLVD
MARCO ISLAND FL 34145

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

Signature, typed or printed name of registered agent and title if applicable.

(NOTE: Registered Agent signature required when reinstating)

DATE

FILE NOW!!! FEE IS \$550.00

DUE BY September 8, 2004

Make Check Payable to Florida Department of State

S.607.193(2)(b), F.S., allows for the waiver of the \$400.00 late fee. By checking this box, the corporation certifies it did not receive prior notice. Fee to file is \$150.00. ☐

9. Election Campaign Financing
Trust Fund Contribution. ☐

\$5.00 May Be
Added to Fees

10. OFFICERS AND DIRECTORS

TITLE P ☐ Delete
NAME BLAIWEISS, LEON
STREET ADDRESS 729 HULL COURT
CITY-ST-ZIP MARCO ISLAND FL 34145

TITLE S ☐ Delete
NAME BLAIWEISS, JAMIE
STREET ADDRESS 729 HULL COURT
CITY-ST-ZIP MARCO ISLAND FL 34145

TITLE T ☐ Delete
NAME BLAIWEISS, DEBRA
STREET ADDRESS 729 HULL COURT
CITY-ST-ZIP MARCO ISLAND FL 34145

TITLE ☐ Delete
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ Delete
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ Delete
NAME
STREET ADDRESS
CITY-ST-ZIP

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE ☐ Change ☐ Addition
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ Change ☐ Addition
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ Change ☐ Addition
NAME
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CITY-ST-ZIP

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

Leon Blaiweiss
President

Sep 8, 04

Date

Daytime Phone #

239-601-3474