


**2005 FOR PROFIT CORPORATION  
ANNUAL REPORT**

**FILED**  
**Apr 06, 2005 08:00 AM**  
**Secretary of State**

DOCUMENT # P01000085967  
1. Entity Name  
SEALEGS MARINE SERVICES INC



Principal Place of Business      Mailing Address  
1121 SW 18TH STREET      1121 SW 18TH STREET  
FORT LAUDERDALE, FL 33315      FORT LAUDERDALE, FL 33315

**DO NOT WRITE IN THIS SPACE**



03172005    No Chg-P    CR2E034 (10/03)

4. FEI Number 65-1134293	Applied For Not Applicable
5. Certificate of Status Desired <input type="checkbox"/>	<b>\$8.75</b> Additional Fee Required

6. Name and Address of Current Registered Agent  
  
BENNINGER, BARBARA  
1128 SW 18TH STREET  
FORT LAUDERDALE, FL 33315

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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, 2005 Fee will be \$550.00**

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	PD BOYDE, MERRILLY 1121 SW 18TH ST. FORT LAUDERDALE, FL 33315
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04/06/05-80031-016 150.00

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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: Merrily J. Boyde Merrily Boyde    4/3/05    954-728-9775  
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR      Date      Daytime Phone #