

2004 FOR PROFIT CORPORATION ANNUAL REPORT (AR)

FILED
Mar 18, 2004 8:00 am
Secretary of State

03-18-2004 90043 049 ***150.00

DOCUMENT # P01000105537

1. Entity Name

SEIN CO.



Principal Place of Business

36426 US HWY 19 NORTH
PALM HARBOR FL 34684

Mailing Address

PO BOX 1237
PALM HARBOR FL 34684

2. Principal Place of Business

36426 U.S. Hwy 19 N.

3. Mailing Address

Suite, Apt. #, etc.

Suite A

City & State

Palm Harbor FL

City & State

Palm Harbor FL

Zip

34684

Country

USA

Zip

34684

Country

USA

6. Name and Address of Current Registered Agent

KOON, EUNICE S
36426 US HWY 19 NORTH
PALM HARBOR FL 34684

7. Name and Address of New Registered Agent

Name: GOTTICH & GOTTICH
Street Address (P.O. Box Number is Not Acceptable):
2925 ENTERPRISE Rd.
City: CLEARWATER FL Zip Code: 33763

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)

3/15/4

DATE

FILE NOW!!! FEE IS \$150.00

After May 1, 2004 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: ☐ Delete
NAME: DP
STREET ADDRESS: KOON, EUNICE S
CITY-ST-ZIP: 36426 US HWY 19 NORTH
PALM HARBOR FL 34684

TITLE: ☐ Delete
NAME: DS
STREET ADDRESS: KOON, STEPHEN L
CITY-ST-ZIP: 30353 US 19 N., STE 1
CLEARWATER FL 33761

TITLE: ☐ Delete
NAME:
STREET ADDRESS:
CITY-ST-ZIP:

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: DP
STREET ADDRESS: KOON, EUNICE S.
CITY-ST-ZIP: 235 SKI MOUNTAIN Rd.
GATTINGBURG TN. 37738

TITLE: ☒ Change ☐ Addition
NAME: DS
STREET ADDRESS: STEPHEN L KOON
CITY-ST-ZIP: 235 SKI MOUNTAIN Rd.
GATTINGBURG TN. 37738

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

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

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

TITLE: ☐ Change ☐ Addition
NAME:
STREET ADDRESS:
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:

Eunice S. Koon

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

3/10/04

Date

865-607-8011

Daytime Phone #