

2006 FOR PROFIT CORPORATION ANNUAL REPORT (AR)

FILED
May 08, 2006 8:00 am
Secretary of State

05-08-2006 90270 007 ***158.75

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1. Entity Name

SEIN CO.



Principal Place of Business

36440 US HWY. 19 N
STE. A
PALM HARBOR FL 34684

Mailing Address

PO BOX 1344
SEYMOUR TN 37865
US



2. Principal Place of Business

36436 US Hwy 19 N

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

(Suite 36436)

Suite, Apt. #, etc.

City & State

Palm Harbor

City & State

Zip

FLA.

Country

USA

Zip

34684

Country

USA

1st MOORE

CR2E034 (10/05)

4. FEI Number

59-3754756

Applied For

Not Applicable

5. Certificate of Status Desired

☒

\$8.75 Additional
Fee Required

6. Name and Address of Current Registered Agent

GOTTLIEB & GOTTLIEB, PA
2475 ENTERPRISE RD.
SUITE #100
CLEARWATER FL 33763

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 \$150.00

After May 1, 2006 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 DP ☐ Delete
NAME KOON, EUNICE S
STREET ADDRESS 235 SKI MOUNTAIN RD.
CITY-ST-ZIP GATLINBURG TN 37738

TITLE DS ☐ Delete
NAME KOON, STEPHEN L
STREET ADDRESS 235 SKI MOUNTAIN RD.
CITY-ST-ZIP GATLINBURG TN 37738

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
STREET ADDRESS
CITY-ST-ZIP

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

TITLE ☐ Change ☐ Addition
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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 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 with all other like empowered.

SIGNATURE

Eunice S. Koon, Director 4/30/06 727-809-9402

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #