

2004 FOR PROFIT CORPORATION ANNUAL REPORT (AR)

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

03-18-2004 90043 046 ***150.00

DOCUMENT # P02000048822

1. Entity Name

SEINKOON CORPORATION



Principal Place of Business

30353 US HWY 19 N, STE 1
CLEARWATER FL 33761

Mailing Address

30353 US HWY 19 N, STE 1
CLEARWATER FL 33761

2. Principal Place of Business

36-440-05-19 N.

Suite, Apt. #, etc.

Suite A

City & State

Palm Harbor FL

Zip

34684

Country

USA

3. Mailing Address

PO Box 1237

Suite, Apt. #, etc.

Palm Harbor FL

City & State

Palm Harbor FL

Zip

34682

Country

USA



MOORE

CR2E034 (11/03)

4. FEI Number

04-3660950

Applied For

Not Applicable

5. Certificate of Status Desired

☐

\$8.75 Additional
Fee Required

6. Name and Address of Current Registered Agent

KOON, EUNICE S
10 SUMMER WIND LANE
OLDSMAR FL 34677

7. Name and Address of New Registered Agent

Name: COOT-HUGG-GOTTlieb-PA
Street Address (P.O. Box Number is Not Acceptable):
2975 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)

DATE

3/15/14

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

TITLE: D ☐ Delete
NAME: KOON, EUNICE S
STREET ADDRESS: 36406 US HWY 19 N
CITY-ST-ZIP: PALM HARBOR FL 34684

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

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

TITLE: ☐ Delete
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CITY-ST-ZIP: ☐ Delete

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

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE: DP ☒ Change ☐ Addition
NAME: KOON STEPHEN L
STREET ADDRESS: 235 SKI Mountain Rd.
CITY-ST-ZIP: BATTLINGBURG TN. 37738

TITLE: DS ☒ Change ☐ Addition
NAME: EUNICE S. KOON
STREET ADDRESS: 235 SKI Mountain Rd.
CITY-ST-ZIP: BATTLINGBURG TN. 37738

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

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

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

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

EUNICE S. KOON

3/10/04

Date

865-607-8011

Daytime Phone #