205 FOR PROFIT CORPORATION ANNUAL REPORT (AR)

JMENT # P02000051875

of the corporation or the receiver or true changed, or on an attachment with an

SIGNATURE:

RUCT CORPS - SEACOAST SERVICES INC.



FILED Mar 21, 2005 08:00 AM Secretary of State

المسي	e of Business	Mailing Address							
MENIA		3104 N ARMEI	3104 N ARMENIA						
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\$3907 _		I AMPA FL 33	TAMPA FL 33607			BIIKET TTE BEIIG IIBR BBIIT BERRY BBIII ESTAI ARRE		[SEED] 1891	
ce of Business		3. Mailing Addre	3. Mailing Address						
NC.		Suite Ant # c	Suite, Apt. #, etc.				4 • - • •		
<u> </u>		Gatte, Apr. 11, c	outer man in oto.			1st MOORE CR2E034 (10/04)			
		City & State	City & State		4. FEI Numb	per	Ar	oplied For	
مر ه مر						59-3679490		ot Applicable	
Z ip	Country	Zip	Zip Country		5. Certificate	5. Certificate of Status Desired \$8.75 Additional Fee Required			
	6. Name and Address of Cur	rent Registered Agent			7. Name an	d Address of New Registered	Agent		
CLARK, WILLIAM E				Name					
				Street Address (P.O. Box Number is Not Acceptable)					
	9 N. FLORIDA AVE.				Street Address (P.O. Box Number is Not Acceptable)				
TAMPA, FL 33604									
				City		FL	Zip Cod	e	
8. The above	named entity submits this stateme	ent for the purpose of cha	nging its register	ed office or regis	stered agent, or bo	oth, in the State of Florida (am	amiliar with.	and accept	
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 trib if applicable	(NOTE Registere	d Agent signature requ	uired when reinstating)	DATÉ			
FILE NOW!!! FEE IS \$150.00						9. Election Campaign Financi	ng \$5. /	00 May Be	
After May 1, 2005 Fee Will Be \$550.00 Make Check Payable to Florida Department of State						Trust Fund Contribution.		ed to Fees	
10.	, · · · · · · · · · · · · · · · · · · ·	AND DIRECTORS	11.		ADDITIONS	CHANGES TO OFFICERS AND			
TITLE	P	☐ De		[Change	Addition	
NAME	CLARK, WILLIAM E		NAM			U00000271560 03/21/05-80053-00	M 450 K	I	
STREET ADDRESS CITY-ST-ZIP	8929 N. FLORIDA AVE. TAMPA FL 33604			FT ADDRESS -ST-ZIP		03/21/05-80053-06	M 150.1	N	
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DILE	V	De.					☐ Change	☐ Addition	
NAME	TASHKIN, SCOTT		NAM					ļ	
STREET ADDRESS	8929 N. FLORIDA AVE.	-		ET ADDRESS					
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3MAM			NAM!					Ì	
STREET ADDRESS				ET ADDRESS					
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12. I hereby o	ertify that the information supplied	with this filing does not q	ualify for the exer	mption stated in	Section 119.07(3)	(i), Florida Statutes. I further cert	ify that the in	formation	
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									