2006 FOR PROFIT CORPORATION AMENDED ANNUAL REPORT

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DOCUMENT # P02000075952 FILED SECRETARY OF STATE DIVISION OF CORPORATIONS SEA COAST CONSTRUCTION SERVICES, INC. 06 SEP 14 AM 8: 44 Principal Place of Business Mailing Address **809 GIRALDACT** 809 GIRALDACT MARCO ISLAND, FL 34145 MARCO ISLAND, FL 34145 2. Principal Place of Business 3. Mailing Address Suite, Apt. #, etc. Suite, Apt. #, etc. 09122006 CR2E034 (11/05) Chg-P City & State 4. FEI Number Applied For City & State 16-1616164 Not Applicable Zip Country Country \$8.75 Additional 5. Certificate of Status Desired Fee Required 6. Name and Address of Current Registered Agent 7. Name and Address of New Registered Agent MORRIS, WILLIAM G 247 N. COLLIER BOULEVARD Street Address (P.O. Box Number is Not Acceptable) SUITE 202 MARCO ISLAND, FL 34145 City 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 talls if applicable. (NOTE: Registered Agent manature required when reinstating) DATE 9. Election Campaign Financing \$5.00 May Be Amended AR is \$61.25 Trust Fund Contribution. OFFICERS AND DIRECTORS ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 112 10. 11. SECRETARY / TREAS TITLE TITLE Change ☐ Delete NAME GRAHAM, DAN NAME RICK YONO STREET ADDRESS 809 GIRALDACT STREET ADORESS OBGREENVIEW ST CFTY-ST-ZIP MARCO ISLAND, FL 34145 CITY-ST-ZP 34/45 ππε Addition Delete TITLE ☐ Change NAME NAME 300079940383 STREET ADDRESS STREET ADDRESS 09/19/06--01017--009 COY-ST-ZP CITY-ST-7/P **61 TITLE Delete TITLE ☐ Change ☐ Addition NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP TITLE Delete TITLE ☐ Change Addition NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CTTY-ST-ZIP TITLE ☐ Delete ☐ Change Addition NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-7P ☐ Delete TITLE ☐ Change Addition TITLE NAME STREET ADORESS STREET ADORESS CITY-ST-ZIP CITY-ST-ZIP 12. I hereby certify that the information supplied with this filing does not qualify for the exemptions contained in Chapter 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**