2007 FOR PROFIT CORPORATION
ANNUAL REPORT

DOCUMENT # P02000075952

1. Entity Name
SEA COAST CONSTRUCTION SERVICES, INC.

Principal Place of Business	Mailing Address
809 GIRALDACT MARCO ISLAND, FL 34145	809 GIRALDACT MARCO ISLAND, FL 34145

01032007   No Chg-P   CR2E034 (11/05)

4. FEI Number	Applied For
16-1616164	Not Applicable

5. Certificate of Status Desired ☐   **$8.75** Additional Fee Required

6. Name and Address of Current Registered Agent

MORRIS, WILLIAM G
247 N. COLLIER BOULEVARD
SUITE 202
MARCO ISLAND, FL 34145

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, 2007 Fee will be $550.00**	**9.** Election Campaign Financing Trust Fund Contribution. ☐	**$5.00** May Be Added to Fees	

10.   OFFICERS AND DIRECTORS

TITLE	D
NAME	GRAHAM, DAN
STREET ADDRESS	809 GIRALDACT
CITY-ST-ZIP	MARCO ISLAND, FL 34145

TITLE	ST
NAME	YONO, RICK
STREET ADDRESS	108 GREENVIEW STREET
CITY-ST-ZIP	MARCO ISLAND, FL 34145

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TITLE	
NAME	
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TITLE	
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 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: *(signature)* – DAN GRAHAM   1-5-07   239-398-1410

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR   Date   Daytime Phone #