

2004 FOR PROFIT CORPORATION ANNUAL REPORT

FILED
Apr 30, 2004 8:00 am
Secretary of State

04-30-2004 90420 001 ***450.00

DOCUMENT # P02000112739

1. Entity Name
SEACOAST II CORP.



Principal Place of Business
**4726 STEELDUSTCLANE
LUTZ, FL 33559 US**

Mailing Address
**4726 STEELDUST LANE
LUTZ, FL 33559**



2. Principal Place of Business
14241 Bellamy Bros

3. Mailing Address

Suite, Apt. #, etc.

04262004 Chg-P CR2E034 (10/03)

City & State
DADE CITY FL

City & State

4. FEI Number
06-1668168

Applied For
Not Applicable

Zip
33525

Country

Zip

Country

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

6. Name and Address of Current Registered Agent

7. Name and Address of New Registered Agent

**GREGORY, WILLIAM P
715 SWANN AVE.
TAMPA, FL 33606**

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, 2004 Fee will be \$550.00**

9. Election Campaign Financing
Trust Fund Contribution. ☐

**\$5.00 May Be
Added to Fees**

10. OFFICERS AND DIRECTORS

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
**D BEYNART, MARK P
4726 STEELDUST LANE
LUTZ, FL 33559**

☐ Delete

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
**14241 Bellamy Bros Blvd
DADE CITY, FL 33525**

☒ Change ☐ Addition

TITLE
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STREET ADDRESS
CITY-ST-ZIP

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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:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

4-27-04

Date

8139675008

Daytime Phone #