

# 2004 FOR PROFIT CORPORATION ANNUAL REPORT

**FILED**  
**Apr 19, 2004 8:00 am**  
**Secretary of State**

04-19-2004 90292 038 \*\*\*150.00

<b>DOCUMENT # P03000053637</b> 1. Entity Name <b>SEAOTTER ENTERPRISES, INC.</b>					
Principal Place of Business <b>8065 TIGER COVE 1603 NAPLES, FL 34113</b>			Mailing Address <b>8065 TIGER COVE 1603 NAPLES, FL 34113</b>		
2. Principal Place of Business Suite, Apt. #, etc.		3. Mailing Address <b>1502 PARRAN POINTE DR APT 21A LITTLE ROCK AR 72204 USA</b>			
City & State		City & State		4. FEI Number <b>36-4531392</b>	
Zip		Country		5. Certificate of Status Desired <input type="checkbox"/> <b>\$8.75 Additional Fee Required</b>	
6. Name and Address of Current Registered Agent <b>BOWMAN &amp; BOWMAN 1705 COLONIAL BLVD. D-1 FORT MYERS, FL 33907</b>		7. Name and Address of New Registered Agent Name Street Address (P.O. Box Number is Not Acceptable) City <b>FL</b> 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 _____ (NOTE: Registered Agent signature required when reinstating) DATE _____					
<b>FILE NOW!!! FEE IS \$150.00 After May 1, 2004 Fee will be \$550.00</b>					
9. Election Campaign Financing <input type="checkbox"/> <b>\$5.00 May Be Added to Fees</b>					
<b>10. OFFICERS AND DIRECTORS</b>			<b>11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11</b>		
TITLE <b>P</b> <input type="checkbox"/> Delete NAME <b>OFFEREINS, OTTO</b> STREET ADDRESS <b>8065 TIGER COVE UNIT 1603</b> CITY-ST-ZIP <b>NAPLES, FL 34113</b>			TITLE <input type="checkbox"/> Change <input type="checkbox"/> Addition NAME STREET ADDRESS CITY-ST-ZIP		
TITLE <input type="checkbox"/> Delete NAME STREET ADDRESS CITY-ST-ZIP			TITLE <input type="checkbox"/> Change <input type="checkbox"/> Addition NAME STREET ADDRESS CITY-ST-ZIP		
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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.					
<b>SIGNATURE:</b>  <b>OTTO OFFEREINS</b> <b>4/16/04</b> SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #					