2005 FOR PROFIT CORPORATION ANNUAL REPORT

FILED Mar 23, 2005 08:00 AM

DOCUMENT # P03000080050 1. Entity Name SEAL SWIM SCHOOL IV, INC.				Secretary of State			
	ce of Business DLEFIELD LANE 33556	Mailing Address 14611 MIDDLEFIELD LANE ODESSA, FL 33556					
DO NOT WRITE IN THIS SPA			CE	02232005	No Chg-P		034 (10/03)
				20-010a 5. Certificate	B386 of Status Desired		Not Applicable \$8.75 Additional Fee Required
	6. Name and Address of Current Reg	istered Agent		·			
SEAL, THERESE C 14611 MIDDLEFIELD LANE ODESSA, FL 33556			DO NOT WRITE IN THIS SPACE				
8. The above the obligat SIGNATURE	named entity submits this statement for the lions of registered agent. THERE E. SeA Signature, lyped or printed name of registered agent and till	L Theren	ed office or register	mO	h, in the State of Flo		familiar with, and accept
FILE NOW!!! FEE IS \$150.00 After May 1, 2005 Fee will be \$550.00 9. Election Campaign Finar Trust Fund Contribution.			ncing \$5.	00 May Be ed to Fees			
10.	OFFICERS AND DIR	ECTORS		<u>-</u>			
TITLE NAME STREET ADDRESS CITY-ST-ZIP	P SEAL, THERESE C 14611 MIDDLEFIELD LANE ODESSA, FL 33556				100000 03/23/05	1027321 -8003	04 5-025 150.00
TITLE NAME STREET ADDRESS CITY-ST-ZIP	VP BEATTY, MICHA T 1542 WOODFIELD COURT LUTZ, FL 33558				THE MANY THE	<u></u>	2_000 10010Q
TITLE NAME STREET ADDRESS CITY-ST-ZIP				DO	NOT W	RITE	E
TITLE			1	IN T	THIS SP	ACE	== ==

12. I hereby certify that the information supplied with this filling 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 eath, 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.

HULL SEAL THERESE C. SEAL SIGNATURE AND TYPEDOR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

STREET ADDRESS CITY-ST-ZIP TITLE NAME STREET ADDRESS CITY-ST-ZIP TITLE NAME STREET ADDRESS CITY-ST-ZIP

> 813-310-698, Daylime Phone #