

**2005 FOR PROFIT CORPORATION
ANNUAL REPORT**

FILED
Jan 13, 2005 08:00 AM
Secretary of State

DOCUMENT # P03000089080

1. Entity Name
SEASCRIP, INC.



Principal Place of Business
**6491 SE NANTUCKET COURT
HOBE SOUND, FL 33455 US**

Mailing Address
**6491 SE NANTUCKET COURT
HOBE SOUND, FL 33455 US**



01062005 No Chg-P CR2E034 (10/03)

DO NOT WRITE IN THIS SPACE

4. FEI Number
51-0481574

Applied For
Not Applicable

5. Certificate of Status Desired



\$8.75 Additional
Fee Required

6. Name and Address of Current Registered Agent

**SCHMALHOLZ, CAROL A
6491 SE NANTUCKET COURT
HOBE SOUND, FL 33455**

**DO NOT WRITE
IN THIS SPACE**

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, 2005 Fee will be \$550.00**

9. Election Campaign Financing
Trust Fund Contribution. ☐

\$5.00 May Be
Added to Fees

1100000179212

01/13/05-80009-008 158.75

10. OFFICERS AND DIRECTORS

TITLE	P
NAME	SCHMALHOLZ, DONALD E
STREET ADDRESS	6491 SE NANTUCKET COURT
CITY-ST-ZIP	HOBE SOUND, FL 33455
TITLE	VP
NAME	SCHMALHOLZ, CAROL A
STREET ADDRESS	6491 SE NANTUCKET COURT
CITY-ST-ZIP	HOBE SOUND, FL 33455
TITLE	TRES
NAME	SCHMALHOLZ, CAROL A
STREET ADDRESS	6491 SE NANTUCKET COURT
CITY-ST-ZIP	HOBE SOUND, FL 33455
TITLE	SEC
NAME	SCHMALHOLZ, DONALD E
STREET ADDRESS	6491 SE NANTUCKET COURT
CITY-ST-ZIP	HOBE SOUND, FL 33455
TITLE	
NAME	
STREET ADDRESS	
CITY-ST-ZIP	
TITLE	
NAME	
STREET ADDRESS	
CITY-ST-ZIP	

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IN THIS SPACE**

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:

Carol A. Schmalholz V.P.
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

1-10-05

Date

772-349-6678

Daytime Phone #