

2008 FOR PROFIT CORPORATION ANNUAL REPORT

FILED
Apr 03, 2008 8:00 am
Secretary of State

04-03-2008 90021 041 ***158.75

DOCUMENT # P03000092966					
1. Entity Name SEA CHASER REALTY, INC.					
Principal Place of Business 587 THOMAS MCKEEN STREET ORANGE PARK, FL 32073			Mailing Address 587 THOMAS MCKEEN STREET ORANGE PARK, FL 32073		
2. Principal Place of Business - No P.O. Box # 2263 FELUCCA DR. <small>Suite, Apt. #, etc.</small>		3. Mailing Address 661 BLANDING BLVD. <small>Suite, Apt. #, etc.</small> SUITE 103, PMB 309			
City & State MIDDLEBURG, FLORIDA		City & State ORANGE PARK, FL		4. FEI Number 51-0480373	
Zip 32068		Country USA		5. Certificate of Status Desired <input checked="" type="checkbox"/> \$8.75 Additional Fee Required	
6. Name and Address of Current Registered Agent SANTORO, THOMAS C ESQ 1700 WELLS RD., STE 5 ORANGE PARK, FL 32073			7. Name and Address of New Registered Agent 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 _____ (NOTE: Registered Agent signature required when re-issuing) DATE _____					
FILE NOW!!! FEE IS \$150.00 After May 1, 2008 Fee will be \$550.00		9. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/> \$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	PVST SPRAGUE, ALEC B 587 THOMAS MCKEEN STREET ORANGE PARK, FL 32073		TITLE NAME STREET ADDRESS CITY-ST-ZIP	PVST SPRAGUE, ALEC B. 2263 FELUCCA DR. MIDDLEBURG, FL 32068	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete		TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition	
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TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete		TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition	
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: <u>Alec Sprague, ALEC SPRAGUE, PVST, 3/31/08, 904-759-9662</u> <small>SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR</small>					