

# 2005 FOR PROFIT CORPORATION ANNUAL REPORT

**FILED**  
**Jan 31, 2005 8:00 am**  
**Secretary of State**

01-31-2005 90081 034 \*\*\*150.00

**DOCUMENT # P03000099792**

1. Entity Name  
**SEA ESCAPE PROPERTIES, INC.**



Principal Place of Business  
**233 NOKOMIS AVE. S.  
SARASOTA, FL 34285**

Mailing Address  
**233 NOKOMIS AVE. S.  
SARASOTA, FL 34285**

**50008367**



2. Principal Place of Business  
Suite, Apt. #, etc.

3. Mailing Address  
Suite, Apt. #, etc.

01272005 Chg-P CR2E034 (10/03)

City & State

City & State

4. FEI Number  
**20-1083644**

Applied For  
Not Applicable

Zip 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

**WATSON, BRAD  
4183 HIBISCUS RD  
VENICE, FL 34293**

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, 2005 Fee will be \$550.00**

9. Election Campaign Financing  
Trust Fund Contribution. ☐ **\$5.00 May Be Added to Fees**

10. OFFICERS AND DIRECTORS

TITLE **P** ☐ Delete  
NAME **PIETRAS, ROBERT S**  
STREET ADDRESS **1581 HORIZON RD.**  
CITY-ST-ZIP **VENICE, FL 34293**

TITLE **V** ☐ Delete  
NAME **PIETRAS, DONNA**  
STREET ADDRESS **1581 HORIZON RD.**  
CITY-ST-ZIP **VENICE, FL 34293**

TITLE **S** ☐ Delete  
NAME **PIETRAS, CATHY**  
STREET ADDRESS **4183 HIBISCUS ROAD**  
CITY-ST-ZIP **VENICE, FL 34293**

TITLE **T** ☐ Delete  
NAME **WATSON, BRAD**  
STREET ADDRESS **4183 HIBISCUS RD**  
CITY-ST-ZIP **VENICE, FL 34293**

TITLE ☐ Delete  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

TITLE ☐ Delete  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE ☐ Change ☐ Addition  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

TITLE ☐ Change ☐ Addition  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

TITLE ☐ Change ☐ Addition  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

TITLE ☐ Change ☐ Addition  
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STREET ADDRESS  
CITY-ST-ZIP

TITLE ☐ Change ☐ Addition  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

TITLE ☐ Change ☐ Addition  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

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

**1/27/05**

Date

**941-493-3231**

Daytime Phone #