


2004 FOR PROFIT CORPORATION ANNUAL REPORT

FILED
Jul 08, 2004 8:00 am
Secretary of State

05-20-2004 90004 027 ***150.00

DOCUMENT # P03000137513		
1. Entity Name SEABISQUE, INC.		

Principal Place of Business 82229 OVERSEAS HWY ISLAMORADA, FL 33036	Mailing Address 82229 OVERSEAS HWY ISLAMORADA, FL 33036
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66429606



2. Principal Place of Business		3. Mailing Address	
Suite, Apt. #, etc.		Suite, Apt. #, etc.	
City & State		City & State	
Zip	Country	Zip	Country

01232004 Chg-P CR2E034 (10/03)

4. FEI Number 61-1460138	Applied For <input type="checkbox"/> Not Applicable
5. Certificate of Status Desired <input type="checkbox"/> \$8.75 Additional Fee Required	

6. Name and Address of Current Registered Agent		7. Name and Address of New Registered Agent	
STANLEY J MANDEL CPA PA 20341 OLD CULTER RD STE A MIAMI, FL 33189		Name	
		Street Address (P.O. Box Number is Not Acceptable)	
		City	
		FL Zip Code	

I, 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 _____ DATE _____
Signature, typed or printed name of registered agent and role if applicable. (NOTE: Registered Agent signature required when amending)

FILE NOW!!! FEE IS \$150.00 After May 1, 2004 Fee will be \$550.00	9. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/> \$5.00 May Be Added to Fees
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10. OFFICERS AND DIRECTORS		11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	P ROBERTSON, DALE 122 MADERIA RD ISLAMORADA, FL 33036 <input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	V KELLER, JAN 137 SAN JUAN DR ISLAMORADA, FL 33036 <input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
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
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
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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 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:  **DATE:** 5/18/04 **Daytime Phone #** _____

Attachment



Stanley J. Mandel, CPA, P.A.

Certified Public Accountant

103000137513

66429666

20341 Old Cutler Road, Suite A
Miami, Florida 33189
Telephone: (305) 235-5857
(305) 232-2931
Facsimile: (305) 252-1745

May 18, 2004

Division of Corporations
P.O. Box 1500
Tallahassee, FL 32302-1500

RE: Seabisque, Inc
Corp # P03000137513

Dear Sirs,

Please find attached the Annual Report and check for payment on the above taxpayer. I have attached all documents for your review.

As you can see the report was mailed to the taxpayer for signature and check, timely, but returned due to an error at the Islamorada Post Office. There is in fact a mail receptacle, but the taxpayer was told by a supervisor that it probably occurred because of a substitute delivering the mail that day.

The Postal service in the Keys area is notorious for poor mail service.

We therefore request that the payment of \$150.00 be accepted and that no late filing fee be assessed.

We appreciate your consideration and attention to this matter.

Sincerely,

Stanley Mandel CPA

Enclosure

Cc: Seabisque, Inc

Attachment

PO 3000137513

66429606

Stanley Mandel CPA PA
20341 Old Cutler Road Suite A
Miami, Florida 33189
Phone #'s 305-232-2931 or 305-236-8857
Fax # 305-252-1745

To: Dale & Jan
Fax:

Number of pages including cover

Message: Attached is the annual report that needs
to be signed & mailed with a check for \$150.00 by
May 1st. Any questions please call.

The information contained in this transmission is privileged and confidential information intended only for use of the individual or entity named above. If the reader of this message is not the intended recipient, you are hereby notified that any dissemination, distribution or copy of this communication is strictly prohibited. If you have received this communication in error, please immediately notify us by telephone and return the original message to us at the above address to the attention of the sender via US Postal Service or as otherwise directed by telephone.

Date 4-22 Time _____ (EST)