

2004 FOR PROFIT CORPORATION ANNUAL REPORT (AR)

DOCUMENT # P03000145851

1. Entity Name

SEAGLOW, INC.



FILED
Apr 26, 2004 8:00 am
Secretary of State

04-26-2004 91019 029 ***150.00

Principal Place of Business
8200 NORTH A1A
UNIT 3C
VERO BEACH, FL 32963

Mailing Address
8200 NORTH A1A
UNIT 3C
VERO BEACH FL 32963

2. Principal Place of Business
3315 DELAWARE AVE
Suite, Apt. #, etc.

3. Mailing Address
200 E. SEA COLONY
Suite, Apt. #, etc.
#3C

City & State
FORT MERCE, FL

City & State
VERO BEACH, FL

Zip
34947

Country
ST. LUCIE

Zip
32963

Country
INDIAN RIVER



MOORE CR2E034 (11/03)

4. FEI Number
36-4544990

Applied For
Not Applicable

5. Certificate of Status Desired ☐ \$8.75 Additional Fee Required

6. Name and Address of Current Registered Agent
HANCOCK, DAVID L ESQ.
1701 HIGHWAY A1A
SUITE 220
VERO BEACH FL 32963

7. Name and Address of New Registered Agent
Name
STEVEN E. MILTENBERGER
Street Address (P.O. Box Number is Not Acceptable)
200 E. SEA COLONY #3C
City
VERO BEACH FL 32963

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 *Steven E. Miltenberger* STEVEN E. MILTENBERGER CEO 4-22-04
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, 2004 Fee will be \$550.00
Make Check Payable to Florida Department of State

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

10. OFFICERS AND DIRECTORS		11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11	
TITLE	<input type="checkbox"/> Delete	TITLE	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME		NAME	CEO, PRES, SEC, TREAS
STREET ADDRESS		STREET ADDRESS	STEVEN E. MILTENBERGER
CITY-ST-ZIP		CITY-ST-ZIP	200 E. SEA COLONY #3C
			VERO BEACH, FL 32963
TITLE	<input type="checkbox"/> Delete	TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		NAME	
STREET ADDRESS		STREET ADDRESS	
CITY-ST-ZIP		CITY-ST-ZIP	
TITLE	<input type="checkbox"/> Delete	TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		NAME	
STREET ADDRESS		STREET ADDRESS	
CITY-ST-ZIP		CITY-ST-ZIP	
TITLE	<input type="checkbox"/> Delete	TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		NAME	
STREET ADDRESS		STREET ADDRESS	
CITY-ST-ZIP		CITY-ST-ZIP	
TITLE	<input type="checkbox"/> Delete	TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		NAME	
STREET ADDRESS		STREET ADDRESS	
CITY-ST-ZIP		CITY-ST-ZIP	
TITLE	<input type="checkbox"/> Delete	TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		NAME	
STREET ADDRESS		STREET ADDRESS	
CITY-ST-ZIP		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: *Steven E. Miltenberger* STEVEN E. MILTENBERGER 772-633-5461
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #