

2005 FOR PROFIT CORPORATION ANNUAL REPORT

FILED
Apr 15, 2005 8:00 am
Secretary of State

04-15-2005 90062 016 ***150.00

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|---|---|--|---|--|--|
| DOCUMENT # P04000098433 | | | | | |
| 1. Entity Name SEA STRIKE DEVELOPMENT COMPANY, INC. | | | | | |
| Principal Place of Business 205 CAMINO REAL ST MARATHON, FL 33050 | | | Mailing Address 205 CAMINO REAL ST MARATHON, FL 33050 | | |
| 2. Principal Place of Business 77280 o/s Hwy | | 3. Mailing Address 77280 o/s Hwy | | | |
| Suite, Apt. #, etc. | | Suite, Apt. #, etc. | | 02042005 Chg-P CR2E034 (10/03) | |
| City & State Islamorada FL | | City & State Islamorada FL | | 4. FEI Number 34-2001941 | |
| Zip 33031 | | Country USA | | 5. Certificate of Status Desired <input type="checkbox"/> \$8.75 Additional Fee Required | |
| 6. Name and Address of Current Registered Agent DOLAN, MICHAEL D 205 CAMINO REAL ST MARATHON, FL 33050 | | | 7. Name and Address of New Registered Agent Name Street Address (P.O. Box Number is Not Acceptable) 77280 o/s Hwy City <u>Islamorada</u> FL Zip Code <u>33031</u> | | |
| 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: DATE: <u>02/07/05</u> | | | | | |
| (NOTE: Registered Agent signature required when reinstating) | | | | | |
| FILE NOW!!! FEE IS \$150.00 After May 1, 2005 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 | D <input type="checkbox"/> Delete DOLAN, MICHAEL F 205 CAMINO REAL ST MARATHON, FL 33050 | | TITLE NAME STREET ADDRESS CITY-ST-ZIP | <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition 77280 o/s Hwy Islamorada FL 33031 | |
| 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 or other like empowered. | | | | | |
| SIGNATURE: | | | Date: <u>02/07/05</u> Daytime Phone #: <u>305/481-4852</u> | | |
| SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR | | | | | |