
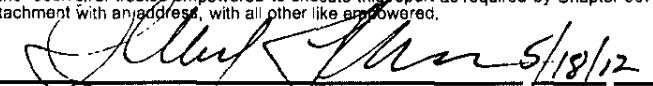


# 2012 FOR PROFIT CORPORATION ANNUAL REPORT

|  |  |         |  |   |  |   |  |
|--|--|---------|--|---|--|---|--|
| <b>DOCUMENT # P04000136694</b><br>1. Entity Name<br><b>SEASTRIKE MARINE, INC.</b>  |  |         |  |    |  | <b>FILED</b><br><b>12 MAY 21 AM 8:06</b><br>TALLAHASSEE, FL |  |
| Principal Place of Business<br><b>13359 N INDIAN RIVER DRIVE<br/>SEBASTIAN, FL 32958</b>   |  |         |  | Mailing Address<br><b>13359 N INDIAN RIVER DRIVE<br/>SEBASTIAN, FL 32958</b>  |  |   |  |
| 2. Principal Place of Business - No P.O. Box #   |  |         |  | 3. Mailing Address  |  |   |  |
| Suite, Apt. #, etc.  |  |         |  | Suite, Apt. #, etc.   |  |   |  |
| City & State   |  |         |  | City & State  |  |   |  |
| Zip  |  | Country |  | Zip   |  | Country   |  |
| 6. Name and Address of Current Registered Agent<br><br><b>SPIEGEL &amp; UTRERA, P.A.<br/>1840 SW 22ND ST.<br/>4TH FLOOR<br/>MIAMI, FL 33145</b>  |  |         |  | 7. Name and Address of New Registered Agent<br>Name<br>Street Address (P.O. Box Number is Not Acceptable)<br>City<br><div style="display: flex; justify-content: space-between;"> <span><b>FL</b></span> <span>Zip Code</span> </div> |  |   |  |
| 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 reinstating) _____ DATE _____  |  |         |  |   |  |   |  |
| <b>FILE NOW!!! FEE IS \$550.00<br/>Due by September 28, 2012</b>   |  |         |  | 9. Election Campaign Financing<br>Trust Fund Contribution. <input type="checkbox"/> <b>\$5.00</b> May Be Added to Fees  |  |   |  |
| <b>10. OFFICERS AND DIRECTORS</b>  |  |         |  | <b>11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11</b>  |  |   |  |
| TITLE<br>NAME<br>STREET ADDRESS<br>CITY-ST-ZIP   | PD<br>BUSCHER, HERBERT E<br>13359 N INDIAN RIVER DRIVE<br>SEBASTIAN, FL 32958  |         |  | TITLE<br>NAME<br>STREET ADDRESS<br>CITY-ST-ZIP  | <div style="text-align: center;"> <b>400235371744</b><br/> <b>05/21/12--01004--013 **150.00</b> </div> |   |  |
| TITLE<br>NAME<br>STREET ADDRESS<br>CITY-ST-ZIP   | VP<br>LLINAS-BUSCHER, ISABEL<br>13359 N INDIAN RIVER DR<br>SEBASTIAN, FL 32958 |         |  | TITLE<br>NAME<br>STREET ADDRESS<br>CITY-ST-ZIP  |  |   |  |
| TITLE<br>NAME<br>STREET ADDRESS<br>CITY-ST-ZIP   |  |         |  | TITLE<br>NAME<br>STREET ADDRESS<br>CITY-ST-ZIP  |  |   |  |
| TITLE<br>NAME<br>STREET ADDRESS<br>CITY-ST-ZIP   |  |         |  | TITLE<br>NAME<br>STREET ADDRESS<br>CITY-ST-ZIP  |  |   |  |
| TITLE<br>NAME<br>STREET ADDRESS<br>CITY-ST-ZIP   |  |         |  | TITLE<br>NAME<br>STREET ADDRESS<br>CITY-ST-ZIP  |  |   |  |
| TITLE<br>NAME<br>STREET ADDRESS<br>CITY-ST-ZIP   |  |         |  | TITLE<br>NAME<br>STREET ADDRESS<br>CITY-ST-ZIP  |  |   |  |
| TITLE<br>NAME<br>STREET ADDRESS<br>CITY-ST-ZIP   |  |         |  | TITLE<br>NAME<br>STREET ADDRESS<br>CITY-ST-ZIP  |  |   |  |
| 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. |  |         |  |   |  |   |  |
| <b>SIGNATURE:</b>  <b>5/18/12</b> <b>sales@seastrike marine.com</b>   |  |         |  |   |  |   |  |
| SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR   |  |         |  | DATE  |  | E-MAIL ADDRESS  |  |
| <b>MAY 22 2012</b>   |  |         |  |   |  |   |  |