

# 2005 FOR PROFIT CORPORATION ANNUAL REPORT

**FILED**  
**Jul 15, 2005 8:00 am**  
**Secretary of State**

07-15-2005 90022 021 \*\*\*150.00

<b>DOCUMENT # P04000140257</b> 1. Entity Name <b>SEA ODYSSEA, INC.</b>			
Principal Place of Business <b>14848 RAMSEY RD DADE CITY, FL 33525</b>		Mailing Address <b>14848 RAMSEY RD DADE CITY, FL 33525</b>	
2. Principal Place of Business <b>35742 Lana Dr</b> Suite, Apt. #, etc.		3. Mailing Address <b>35742 Lana Dr.</b> Suite, Apt. #, etc.	
City & State <b>Dade City, FL</b> Zip <b>33523</b> Country <b>USA</b>		City & State <b>Dade City, FL</b> Zip <b>33523</b> Country <b>USA</b>	
4. FEI Number <b>20-1761992</b>		Applied For <input type="checkbox"/> Not Applicable	
5. Certificate of Status Desired <input type="checkbox"/>		<b>\$8.75</b> Additional Fee Required	
6. Name and Address of Current Registered Agent  <b>BRIGMON, TONI L 14848 RAMSEY RD DADE CITY, FL 33525</b>		7. Name and Address of New Registered Agent Name Street Address (P.O. Box Number is Not Acceptable) City <b>FL</b> 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 _____ <small>Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating)</small>			
<b>FILE NOW!!! FEE IS \$150.00 Due by September 7, 2005</b>		9. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/> <b>\$5.00</b> May Be Added to Fees	
In accordance with s. 607.193(2)(b), F.S., the corporation did not receive the prior notice.			
<b>10. OFFICERS AND DIRECTORS</b>		<b>11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11</b>	
TITLE <b>D</b> <input type="checkbox"/> Delete NAME <b>BRIGMON, TONI L</b> STREET ADDRESS <b>14848 RAMSEY RD</b> CITY-ST-ZIP <b>DADE CITY, FL 33525</b>	TITLE <b>D</b> <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition NAME <b>Toni L. Schaefer</b> STREET ADDRESS <b>35742 Lana Dr</b> CITY-ST-ZIP <b>Dade City, FL 33523</b>		
TITLE <b>D</b> <input type="checkbox"/> Delete NAME <b>SCHAEFER, STEVEN T</b> STREET ADDRESS <b>14848 RAMSEY RD</b> CITY-ST-ZIP <b>DADE CITY, FL 33525</b>	TITLE <b>VP</b> <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition NAME <b>Steven T. Schaefer</b> STREET ADDRESS <b>35742 Lana Dr</b> CITY-ST-ZIP <b>Dade City, FL 33523</b>		
TITLE <input type="checkbox"/> Delete NAME STREET ADDRESS CITY-ST-ZIP	TITLE <input type="checkbox"/> Change <input type="checkbox"/> Addition NAME STREET ADDRESS CITY-ST-ZIP		
TITLE <input type="checkbox"/> Delete NAME STREET ADDRESS CITY-ST-ZIP	TITLE <input type="checkbox"/> Change <input type="checkbox"/> Addition NAME STREET ADDRESS CITY-ST-ZIP		
TITLE <input type="checkbox"/> Delete NAME STREET ADDRESS CITY-ST-ZIP	TITLE <input type="checkbox"/> Change <input type="checkbox"/> Addition NAME STREET ADDRESS CITY-ST-ZIP		
TITLE <input type="checkbox"/> Delete NAME STREET ADDRESS CITY-ST-ZIP	TITLE <input type="checkbox"/> Change <input type="checkbox"/> 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: <u>Toni L. Schaefer</u> <b>Toni L. Schaefer</b> <small>SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR</small>		Date <u>7-12-05</u> Daytime Phone # <u>813-846-1547</u>	