

2008 FOR PROFIT CORPORATION ANNUAL REPORT

FILED
Jul 11, 2008 8:00 am
Secretary of State

07-11-2008 90016 026 ***150.00

DOCUMENT # P06000025533

1. Entity Name
SEAHORSE 27 PROPERTIES, INC.



Principal Place of Business
**1418 45 ST. N
SAINT PETERSBURG, FL 33713 US**

Mailing Address
**1418 45 ST. N
SAINT PETERSBURG, FL 33713 US**

40110274



2. Principal Place of Business - No P.O. Box #

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

07092008 Chg-P CR2E034 (12/06)

City & State

City & State

4. FEI Number

20-4347394

Applied For

Not Applicable

Zip

Country

Zip

Country

5. Certificate of Status Desired ☐

\$8.75 Additional
Fee Required

6. Name and Address of Current Registered Agent

**JAMES ACCOUNTING & TAX SERVICE INC
2942 49TH ST N
ST PETERSBURG, FL 33710**

7. Name and Address of New Registered Agent

Name **Seahorse 27 Properties Inc.**

Street Address (P.O. Box Number is Not Acceptable)

FEATHER JOE LOWERY

1418 45 ST N.

City **ST PETE**

FL

Zip Code **33713**

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

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
Due by September 12, 2008**

9. Election Campaign Financing
Trust Fund Contribution. ☐

\$5.00 May Be
Added to Fees

In accordance with s. 607.193(2)(b), F.S., the
corporation did not receive the prior notice.

10. OFFICERS AND DIRECTORS

TITLE **P** ☐ Delete
NAME **LOWERY, FEATHER**
STREET ADDRESS **1418 45 ST. N**
CITY - ST - ZIP **ST PETERSBURG, FL 33713**

TITLE **VP** ☐ Delete
NAME **LOWERY, JOSEPH**
STREET ADDRESS **1418 45 ST. N.**
CITY - ST - ZIP **ST PETERSBURG, FL 33713**

TITLE ☐ Delete
NAME
STREET ADDRESS
CITY - ST - ZIP

TITLE ☐ Delete
NAME
STREET ADDRESS
CITY - ST - ZIP

TITLE ☐ Delete
NAME
STREET ADDRESS
CITY - ST - ZIP

TITLE ☐ Delete
NAME
STREET ADDRESS
CITY - ST - ZIP

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE ☐ Change ☐ Addition
NAME
STREET ADDRESS
CITY - ST - ZIP

TITLE ☐ Change ☐ Addition
NAME
STREET ADDRESS
CITY - ST - ZIP

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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.

SIGNATURE:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #