

# 2008 FOR PROFIT CORPORATION ANNUAL REPORT

**FILED**  
**Apr 07, 2008 8:00 am**  
**Secretary of State**

04-07-2008 90066 027 \*\*\*150.00

|                                                         |                                                                                   |
|---------------------------------------------------------|-----------------------------------------------------------------------------------|
| <b>DOCUMENT # P06000132474</b>                          |  |
| 1. Entity Name<br><b>SEACOAST COTTAGE COMPANY, INC.</b> |                                                                                   |

|                                                                                         |                                                                                                         |
|-----------------------------------------------------------------------------------------|---------------------------------------------------------------------------------------------------------|
| Principal Place of Business<br><b>375 CONNECTICUT ST.<br/>FT. MYERS BEACH, FL 33931</b> | Mailing Address<br><b>P.O. DRAWER 60205<br/>C/O COSTELLO &amp; ROYSTON, LLP<br/>FT. MYERS, FL 33906</b> |
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|                                                |                                                                                                      |
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| 2. Principal Place of Business - No P.O. Box # | 3. Mailing Address<br><b>c/o JOHN M. WICKER, P.A.<br/>P.O. DRAWER 60205<br/>FORT MYERS, FL 33906</b> |
| Suite, Apt. #, etc.                            | Suite, Apt. #, etc.                                                                                  |

|              |              |
|--------------|--------------|
| City & State | City & State |
|--------------|--------------|

|     |         |     |         |
|-----|---------|-----|---------|
| Zip | Country | Zip | Country |
|-----|---------|-----|---------|



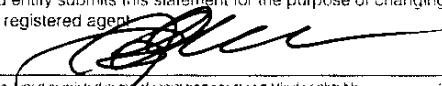
01182008 Chg-P CR2E034 (12/06)

|                                    |                                                        |
|------------------------------------|--------------------------------------------------------|
| 4. FEI Number<br><b>20-5772872</b> | Applied For<br><input type="checkbox"/> Not Applicable |
|------------------------------------|--------------------------------------------------------|

|                                                           |                                       |
|-----------------------------------------------------------|---------------------------------------|
| 5. Certificate of Status Desired <input type="checkbox"/> | <b>\$8.75 Additional Fee Required</b> |
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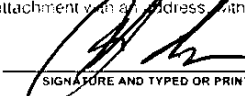
|                                                                                                                                                                                          |        |
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| 6. Name and Address of Current Registered Agent<br><b>ROYSTON JR., ROBERT D. ESQ.<br/>12670 NEW BRITTANY BLVD., STE. 101<br/>C/O COSTELLO &amp; ROYSTON, LLP<br/>FT. MYERS, FL 33907</b> |        |
| Name                                                                                                                                                                                     | Street |
|                                                                                                                                                                                          | City   |

|                                                                                                                                           |        |
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| 7. Name and Address of New Registered Agent<br><b>JOHN M. WICKER, P.A.<br/>12670 NEW BRITTANY BLVD., STE 101<br/>FORT MYERS, FL 33907</b> |        |
| Name                                                                                                                                      | Street |
|                                                                                                                                           | City   |

|                                                                                                                                                                                                                               |      |
|-------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|------|
| 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 |

|                                                                               |                                                                                                                        |
|-------------------------------------------------------------------------------|------------------------------------------------------------------------------------------------------------------------|
| <b>FILE NOW!!! FEE IS \$150.00<br/>After May 1, 2008 Fee will be \$550.00</b> | 9. Election Campaign Financing<br>Trust Fund Contribution. <input type="checkbox"/> <b>\$5.00 May Be Added to Fees</b> |
|-------------------------------------------------------------------------------|------------------------------------------------------------------------------------------------------------------------|

| 10. OFFICERS AND DIRECTORS                     |                                                                                                                       | 11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11 |                                                                   |
|------------------------------------------------|-----------------------------------------------------------------------------------------------------------------------|-------------------------------------------------------|-------------------------------------------------------------------|
| TITLE<br>NAME<br>STREET ADDRESS<br>CITY-ST-ZIP | <b>DPST<br/>MONAHAN, ARTHUR<br/>375 CONNECTICUT ST.<br/>FT. MYERS BEACH, FL 33931</b> <input type="checkbox"/> Delete | TITLE<br>NAME<br>STREET ADDRESS<br>CITY-ST-ZIP        | <input type="checkbox"/> Change <input type="checkbox"/> Addition |
| TITLE<br>NAME<br>STREET ADDRESS<br>CITY-ST-ZIP | <b>DV<br/>VANBUREN, ANDREA<br/>6576 FAIRVIEW AVE.<br/>DOWNERS GROVE, IL 60516</b> <input type="checkbox"/> Delete     | TITLE<br>NAME<br>STREET ADDRESS<br>CITY-ST-ZIP        | <input type="checkbox"/> Change <input type="checkbox"/> Addition |
| TITLE<br>NAME<br>STREET ADDRESS<br>CITY-ST-ZIP | <input type="checkbox"/> Delete                                                                                       | TITLE<br>NAME<br>STREET ADDRESS<br>CITY-ST-ZIP        | <input type="checkbox"/> Change <input type="checkbox"/> Addition |
| TITLE<br>NAME<br>STREET ADDRESS<br>CITY-ST-ZIP | <input type="checkbox"/> Delete                                                                                       | TITLE<br>NAME<br>STREET ADDRESS<br>CITY-ST-ZIP        | <input type="checkbox"/> Change <input type="checkbox"/> Addition |
| TITLE<br>NAME<br>STREET ADDRESS<br>CITY-ST-ZIP | <input type="checkbox"/> Delete                                                                                       | TITLE<br>NAME<br>STREET ADDRESS<br>CITY-ST-ZIP        | <input type="checkbox"/> Change <input type="checkbox"/> Addition |
| TITLE<br>NAME<br>STREET ADDRESS<br>CITY-ST-ZIP | <input type="checkbox"/> Delete                                                                                       | TITLE<br>NAME<br>STREET ADDRESS<br>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 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:                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                               | <b>ARTHUR MONAHAN</b> 3-28-08 239 462-2679 |