2012 FOR PROFIT CORPORATION AMENDED ANNUAL REPORT

DOCUMENT# P08000036673

Entity Name: SEAGRASS RECOVERY, INC.

FILED Oct 04, 2012 Secretary of State

Date

Current Principal Place of Business:	New Principal Place of Business
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5858 CENTRAL AVE

SUITE A

ST PETERSBURG, FL 33707

Current Mailing Address: New Mailing Address:

5858 CENTRAL AVE

SUITE A

ST PETERSBURG, FL 33707

FEI Number: 20-8455323 FEI Number Applied For () FEI Number Not Applicable () Certificate of Status Desired ()

Name and Address of Current Registered Agent: Name and Address of New Registered Agent:

MORRIS, JOHN 5858 CENTRAL AVE SUITE A

ST PETERSBURG, FL 33707 US

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.

SIGNATURE:

Electronic Signature of Registered Agent

OFFICERS AND DIRECTORS:

Title: [

Name: ANDERSON, JAMES F Address: 5858 CENTRAL AVE, SUITE A City-St-Zip: ST PETERSBURG, FL 33707

Title:

Name: BARTON, MICHAEL V
Address: 5858 CENTRAL AVE, SUITE A
City-St-Zip: ST PETERSBURG, FL 33707

Title: D

Name: BEGGINS, JEFFREY J
Address: 5858 CENTRAL AVE SUITE A
City-St-Zip: ST PETERSBURG, FL 33707

Title:

Name: COPELAND, WALTER C CPA Address: 5858 CENTRAL AVE SUITE A City-St-Zip: ST PETERSBURG, FL 33707

 Title:
 DCEO

 Name:
 MORRIS, JOHN

 Address:
 5858 CENTRAL AVE

 City-St-Zip:
 ST PETERSBURG, FL 33707

Title: F

Name: TURNER, JOHN E

Address: 5858 CENTRAL AVE SUITE A City-St-Zip: ST. PETERSBURG, FL 33707

I hereby certify that the information indicated on this report or supplemental report is true and accurate and that my electronic 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 above, or on an attachment with all other like empowered.

SIGNATURE: JOHN MORRIS DCEO 10/04/2012