

# **2012 FOR PROFIT CORPORATION ANNUAL REPORT**

DOCUMENT# P11000091806

**FILED**  
**Apr 26, 2012**  
**Secretary of State**

**Entity Name:** SEABRANCH SHIPCENTER, INC.

**Current Principal Place of Business:**

5667 SE CROOKED OAK AVENUE  
HOBE SOUND, FL 33455

**New Principal Place of Business:**

**Current Mailing Address:**

POST OFFICE BOX 8463  
HOBE SOUND, FL 33475

**New Mailing Address:**

5667 SE CROOKED OAK AVENUE  
HOBE SOUND, FL 33455

**FEI Number:** 45-3628598

**FEI Number Applied For ( )**

**FEI Number Not Applicable ( )**

**Certificate of Status Desired ( )**

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

SEMENTELLI, ANTHONY R  
5667 SE CROOKED OAK AVENUE  
HOBE SOUND, FL 33475 US

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

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

\_\_\_\_\_  
Date

**OFFICERS AND DIRECTORS:**

Title: P  
Name: SEMENTELLI, ANTHONY R  
Address: 5667 SE CROOKED OAK AVENUE  
City-St-Zip: HOBE SOUND, FL 33455

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: ANTHONY R SEMENTELLI

P

04/26/2012

\_\_\_\_\_  
Electronic Signature of Signing Officer or Director

\_\_\_\_\_  
Date