

# 2007 FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# P93000023536

FILED  
Jan 27, 2007  
Secretary of State

Entity Name: SEAGATE MARINE SALES, INC.

## Current Principal Place of Business:

4900 S.E. FEDERAL HWY  
STUART, FL 34997

## New Principal Place of Business:

## Current Mailing Address:

4900 S.E. FEDERAL HWY  
STUART, FL 34997

## New Mailing Address:

FEI Number: 65-0392988

FEI Number Applied For ( )

FEI Number Not Applicable ( )

Certificate of Status Desired ( )

## Name and Address of Current Registered Agent:

GASTON, CALVIN J  
400 INLET ROAD  
NORTH PALM BEACH, FL 33408 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

Election Campaign Financing Trust Fund Contribution ( ).

## OFFICERS AND DIRECTORS:

Title: V ( ) Delete  
Name: GASTON, PATRICIA  
Address: 400 INLET ROAD  
City-St-Zip: NORTH PALM BEACH, FL 33408

Title: P ( ) Delete  
Name: GASTON, CALVIN J  
Address: 400 INLET ROAD  
City-St-Zip: NORTH PALM BEACH, FL 33408

Title: V ( ) Delete  
Name: GASTON, THOMAS C  
Address: 400 INLET RD  
City-St-Zip: NORTH PALM BEACH, FL 33408

## ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

Title: VP (X) Change ( ) Addition  
Name: GASTON, PATRICIA  
Address: 400 INLET ROAD  
City-St-Zip: NORTH PALM BEACH, FL 33408

Title: ( ) Change ( ) Addition  
Name:  
Address:  
City-St-Zip:

Title: VP (X) Change ( ) Addition  
Name: GASTON, THOMAS C  
Address: 400 INLET RD  
City-St-Zip: NORTH PALM BEACH, FL 33408

I hereby certify that the information supplied with this filing does not qualify for the for the exemption stated 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 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 an address, with all other like empowered.

SIGNATURE: PATRICIA A GASTON

VP

01/27/2007

Electronic Signature of Signing Officer or Director

Date