


2008 FOR PROFIT CORPORATION ANNUAL REPORT

FILED
Feb 08, 2008 8:00 am
Secretary of State

02-08-2008 90023 016 ***150.00

DOCUMENT # P93000082902 1. Entity Name SEALEX, INC.			
Principal Place of Business 3135 TERRACE AVENUE NAPLES, FL 34104		Mailing Address 3135 TERRACE AVENUE NAPLES, FL 34104	
2. Principal Place of Business - No P.O. Box # 3710 Prospect Ave <small>Suite, Apt. #, etc.</small>		3. Mailing Address 3710 Prospect Ave <small>Suite, Apt. #, etc.</small>	
City & State Naples, FL		City & State Naples, FL	
Zip 34104	Country	Zip 34104	Country
4. FEI Number 65-0456054		Applied For <input type="checkbox"/> Not Applicable	
5. Certificate of Status Desired <input type="checkbox"/>		\$8.75 Additional Fee Required	
6. Name and Address of Current Registered Agent KEVIN J. KEYES 2570 66TH ST SW NAPLES, FL 34105		7. Name and Address of New Registered Agent Name Street Address (P.O. Box Number is Not Acceptable) City FL Zip Code	
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 _____ (NOTE: Registered Agent signature required when reinstating) DATE _____			
FILE NOW!!! FEE IS \$150.00 After May 1, 2008 Fee will be \$550.00		9. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/> \$5.00 May Be Added to Fees	
10. OFFICERS AND DIRECTORS		11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D KEYES, KEVIN J 3135 TERRACE AVE NAPLES, FL 34104	TITLE NAME STREET ADDRESS CITY-ST-ZIP	3710 Prospect Ave Naples, FL 34104
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
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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: _____ <small>SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR</small>		2-4-08 (239) 793-4422 <small>Date Daytime Phone #</small>	