

**2004 FOR PROFIT CORPORATION  
ANNUAL REPORT**

**FILED**  
**Apr 29, 2004 08:00 AM**  
**Secretary of State**

**DOCUMENT # P94000003147**

1. Entity Name  
**THE CLEAN SEAS COMPANY**



Principal Place of Business 1301 RIVERPLACE BLVD SUT E1904 JACKSONVILLE, FL 32207 US	Mailing Address 1301 RIVERPLACE BLVD SUITE 1904 JACKSONVILLE, FL 32207 US
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**DO NOT WRITE IN THIS SPACE**



02062004 No Chg-P CR2E034 (10/03)

4. FEI Number <b>59-3221597</b>	Applied For Not Applicable
5. Certificate of Status Desired <input type="checkbox"/>	<b>\$8.75 Additional Fee Required</b>

6. Name and Address of Current Registered Agent

**POWERS, WARREN P**  
1301 RIVERPLACE BLVD  
SUITE 1904  
JACKSONVILLE, FL 32207

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IN THIS SPACE**

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, 2004 Fee will be \$550.00**

9. Election Campaign Financing Trust Fund Contribution.  **\$5.00 May Be Added to Fees**

10. OFFICERS AND DIRECTORS	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	DST POWERS, WARREN P 1301 RIVERPLACE BLVD STE 1904 JAX, FL 3
TITLE NAME STREET ADDRESS CITY-ST-ZIP	DP POLSENSKI, MARTIN 1301 RIVERPLACE BLVD STE 1904 JAX, FL
TITLE NAME STREET ADDRESS CITY-ST-ZIP	

U00000138435  
04/29/04-80080-020 150.00

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12. I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Section 119.07(3)(i), 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:** *Martin Polsenski* **Martin Polsenski** 042704 904 396 0985

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #