

# 2005 FOR PROFIT CORPORATION ANNUAL REPORT

**FILED**  
**Apr 22, 2005 8:00 am**  
**Secretary of State**

04-22-2005 90306 024 \*\*\*150.00

<b>DOCUMENT # P94000003147</b>			
<b>1. Entity Name</b> <b>THE CLEAN SEAS COMPANY</b>			
<b>Principal Place of Business</b> 1301 RIVERPLACE BLVD SUT E1904 JACKSONVILLE, FL 32207 US		<b>Mailing Address</b> 1301 RIVERPLACE BLVD SUITE 1904 JACKSONVILLE, FL 32207 US	
<b>2. Principal Place of Business</b> 1050 Talleyrand Avenue Suite, Apt. #, etc.		<b>3. Mailing Address</b> 1050 Talleyrand Avenue Suite, Apt. #, etc.	
<b>City &amp; State</b> Jacksonville, FL Zip 32206 Country USA		<b>City &amp; State</b> Jacksonville, FL Zip 32206 Country USA	
<b>6. Name and Address of Current Registered Agent</b> POWERS, WARREN P 1301 RIVERPLACE BLVD SUITE 1904 JACKSONVILLE, FL 32207		<b>7. Name and Address of New Registered Agent</b> Name Powers Warren P. Street Address (P.O. Box Number is Not Acceptable) 1050 Talleyrand Avenue City Jacksonville FL Zip Code 32206	
<b>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.</b> SIGNATURE <u>[Signature]</u> DATE <u>4-18-05</u> <small>(NOTE: Registered Agent signature required when re-registering)</small>			
<b>FILE NOW!!! FEE IS \$150.00</b> <b>After May 1, 2005 Fee will be \$550.00</b>		<b>9. Election Campaign Financing</b> Trust Fund Contribution. <input type="checkbox"/> <b>\$5.00</b> May Be Added to Fees	
<b>10. OFFICERS AND DIRECTORS</b>		<b>11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11</b>	
TITLE DST NAME POWERS, WARREN P STREET ADDRESS 1301 RIVERPLACE BLVD STE 1904 CITY-ST-ZIP JAX, FL 3	<input type="checkbox"/> Delete	TITLE DST NAME Powers, Warren P. STREET ADDRESS 1050 Talleyrand Avenue CITY-ST-ZIP Jacksonville, FL 32206	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE DP NAME POLSENSKI, MARTIN STREET ADDRESS 1301 RIVERPLACE BLVD STE 1904 CITY-ST-ZIP JAX, FL	<input type="checkbox"/> Delete	TITLE DP NAME Polsenski, martin STREET ADDRESS 1050 Talleyrand Avenue CITY-ST-ZIP Jacksonville, FL 32206	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
<b>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.</b>			
<b>SIGNATURE:</b> <u>Martin Polsenski</u> <small>SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR</small>		04-18-05 904.353-5533 <small>Date Daytime Phone #</small>	