


2005 FOR PROFIT CORPORATION ANNUAL REPORT

FILED
Jun 01, 2005 8:00 am
Secretary of State

06-01-2005 90015 040 ***150.00

DOCUMENT # P94000019223 1. Entity Name SEA BIRD BEACH RESORT, INC.																											
Principal Place of Business 3465 GULF OT MEXICO DR. LONGWOOD KEY, FL 34228		Mailing Address 3465 GULF OT MEXICO DR. LONGWOOD KEY, FL 34228																									
2. Principal Place of Business Suite, Apt. #, etc.		3. Mailing Address 713 S Orange Ave Suite, Apt. #, etc.																									
City & State 		City & State Sarasota FL																									
Zip 	Country 	Zip 34236	Country US																								
4. FEI Number 65-0475717		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 MERCURIO, JOHN J 713 S. ORANGE AVE. SARASOTA, FL 34236		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 _____ <small>Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating) DATE</small>																											
FILE NOW!!! FEE IS \$150.00 Due by September 7, 2005		9. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/> \$5.00 May Be Added to Fees																									
In accordance with s. 607.193(2)(b), F.S., the corporation did not receive the prior notice.																											
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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: <u>Douglas Gordon</u> <small>SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR</small>																											
Date		Daytime Phone #																									