

2005 FOR PROFIT CORPORATION ANNUAL REPORT

FILED
Mar 07, 2005 8:00 am
Secretary of State

03-07-2005 90287 016 ***150.00

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1. Entity Name
SEA MASTER FINANCING, INC.



Principal Place of Business
**90400 OVERSEAS HWY
TAVERNIER, FL 33070 US**

Mailing Address
**90400 OVERSEAS HWY
TAVERIER, FL 33070 US**

50023485



02042005 No Chg-P CR2E034 (10/03)

DO NOT WRITE IN THIS SPACE

4. FEI Number
65-0477074

Applied For
Not Applicable

5. Certificate of Status Desired ☐ **\$8.75 Additional Fee Required**

6. Name and Address of Current Registered Agent

**DELATORE, ELIAS JR
90400 OVERSEAS HWY
TAVERNIER, FL 33070**

**DO NOT WRITE
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 _____
Signature, typed or printed name of registered agent and title if applicable.

**FILE NOW!!! FEE IS \$150.00
After May 1, 2005 Fee will be \$550.00**

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

10. OFFICERS AND DIRECTORS

TITLE	VD
NAME	DE LA TORRE, ELIAS P III
STREET ADDRESS	90400 OVERSEASES HWY
CITY-ST-ZIP	TAVERNIER, FL 33070
TITLE	PD
NAME	DE LA TORRE, ELIAS P JR
STREET ADDRESS	90400 OVERSEASES HWY
CITY-ST-ZIP	TAVERNIER, FL 33070
TITLE	VD
NAME	DE LA TORRE, DENNIS D
STREET ADDRESS	90400 OVERSEASES HWY
CITY-ST-ZIP	TAVERNIER, FL 33070
TITLE	
NAME	
STREET ADDRESS	
CITY-ST-ZIP	
TITLE	
NAME	
STREET ADDRESS	
CITY-ST-ZIP	

**DO NOT WRITE
IN THIS SPACE**

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:

[Signature]

ELIAS DE LA TORRE, III

3/1/05

305-852-5424

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #