

**FLORIDA FOR PROFIT CORPORATION  
ANNUAL REPORT**

DOCUMENT # P95000002138

1. Entity Name  
SEACREST MANAGEMENT SERVICES, INC.



Principal Place of Business  
503 N. ORLANDO AVENUE #204  
COCOA BEACH, FL 32931

Mailing Address  
503 N. ORLANDO AVENUE #204  
COCOA BEACH, FL 32931

**DO NOT WRITE IN THIS SPACE**

**FILED  
Jan 20, 2006 8:00 am  
Secretary of State**

01-20-2006 90034 041 \*\*\*150.00



01172006 No Chg-P CR2E034 (11/05)

4. FEI Number 59-3286180	Applied For Not Applicable
5. Certificate of Status Desired	
<input type="checkbox"/> \$8.75 Additional Fee Required	

6. Name and Address of Current Registered Agent

PULEO, CLARA B  
503 N. ORLANDO AVENUE #204  
COCOA BEACH, FL 32931

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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

Signature, typed or printed name of registered agent and title if applicable.

(NOTE: Registered Agent signature required when restating)

DATE

**FILE NOW!!! FEE IS \$150.00  
After May 1, 2006 Fee will be \$550.00**

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

10. OFFICERS AND DIRECTORS

TITLE	D
NAME	PULEO, CLARA B
STREET ADDRESS	38 WESTVIEW LANE
CITY-ST-ZIP	COCOA BEACH, FL 32931

TITLE	
NAME	
STREET ADDRESS	
CITY-ST-ZIP	

TITLE	
NAME	
STREET ADDRESS	
CITY-ST-ZIP	

TITLE	
NAME	
STREET ADDRESS	
CITY-ST-ZIP	

TITLE	
NAME	
STREET ADDRESS	
CITY-ST-ZIP	

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IN THIS SPACE**

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 title empowered.

SIGNATURE:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

1/17/06

Date

Daytime Phone #