

2004 FOR PROFIT CORPORATION ANNUAL REPORT (AR)

FILED
Mar 29, 2004 8:00 am
Secretary of State

03-29-2004 90031 023 ***150.00

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1. Entity Name

SEIN ENTERPRISES INC.



Principal Place of Business

36426 US HWY 19 N
PALM HARBOR FL 34684
US

Mailing Address

P.O BOX 577
PALM HARBOR FL 34682
US

2. Principal Place of Business

36440 US Hwy 19 N
Suite A
Palm Harbor FLA

3. Mailing Address

Suite, Apt. #, etc.

City & State

Zip

Country

6. Name and Address of Current Registered Agent

KOON, EUNICE S
36426 US HWY 19 N
PALM HARBOR FL 34684

7. Name and Address of New Registered Agent

Name: G.O. HILB & G.O. HILB PA
Street Address (P.O. Box Number is Not Acceptable)
2475 ENTERPRISE Rd.
City: CLEARWATER FL Zip Code: 33763

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]* DATE: 3/15/04

FILE NOW!!! FEE IS \$150.00
After May 1, 2004 Fee will be \$550.00
Make Check Payable to Florida Department of State

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

10. OFFICERS AND DIRECTORS

TITLE: DT
NAME: JURADO HERNANDEZ, KATHRYN
STREET ADDRESS: 13131 CARROLLWOOD CREEK DRIVE
CITY-ST-ZIP: TAMPA FL 33624

TITLE: PD
NAME: KOON, EUNICE S
STREET ADDRESS: 30353 US HWY 19 N
CITY-ST-ZIP: CLEARWATER FL 33761

TITLE: VPSD
NAME: ROCAFORT, CARMEN
STREET ADDRESS: 101 JAZMIN UR6 SAN FRANCISCO
CITY-ST-ZIP: RIO PIEDRAS, P.R. 00927

TITLE:
NAME:
STREET ADDRESS:
CITY-ST-ZIP:

TITLE:
NAME:
STREET ADDRESS:
CITY-ST-ZIP:

TITLE:
NAME:
STREET ADDRESS:
CITY-ST-ZIP:

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE:
NAME:
STREET ADDRESS:
CITY-ST-ZIP:

TITLE:
NAME: Koon, Eunice S.
STREET ADDRESS: 235 Ski Mountain Rd.
CITY-ST-ZIP: Gatlinburg TN. 37738

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:

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]* DATE: 3/10/04 DAYTIME PHONE #: 865-607-8011