

**2008 FOR PROFIT CORPORATION
ANNUAL REPORT**

FILED
Apr 28, 2008 08:00 AM
Secretary of State

DOCUMENT # P95000087927

1. Entity Name
SEATEXACO, INC.



Principal Place of Business
**8145 HWY A1A
MELBOURNE BEACH, FL 32951**

Mailing Address
**8145 HWY A1A
MELBOURNE BEACH, FL 32951**



03252008 No Chg-P CR2E034 (11/05)

DO NOT WRITE IN THIS SPACE

4. FEI Number
65-0622061

Applied For
Not Applicable

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

8. Name and Address of Current Registered Agent

**SCHUBERT, JAMES M
8145 HWY A1A
MELBOURNE BEACH, FL 32951**

**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 _____

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

(NOTE: Registered Agent signature required when reinstating)

DATE _____

**FILE NOW!!! FEE IS \$150.00
After May 1, 2008 Fee will be \$550.00**

9. Election Campaign Financing
Trust Fund Contribution. ☐

\$5.00 May Be
Added to Fees

10. OFFICERS AND DIRECTORS

TITLE	P
NAME	SCHUBERT, JAMES M
STREET ADDRESS	8145 HWY A1A
CITY-ST-ZIP	MELBOURNE BEACH, FL 32951
TITLE	S
NAME	SCHUBERT, DELORES J
STREET ADDRESS	8145 S. HWY A1A
CITY-ST-ZIP	MELBOURNE BEACH, FL 32951
TITLE	V
NAME	SCHUBERT, MICHAEL F
STREET ADDRESS	8145 S HWY A1A
CITY-ST-ZIP	MELBOURNE BEACH, FL 32951
TITLE	VP
NAME	SCHUBERT, JAMES M
STREET ADDRESS	1585 TUNA ST
CITY-ST-ZIP	MERRITT ISLAND, FL 32952
TITLE	
NAME	
STREET ADDRESS	
CITY-ST-ZIP	
TITLE	
NAME	
STREET ADDRESS	
CITY-ST-ZIP	

05/20/08-80078-004 150.00

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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 like empowered.

SIGNATURE: *James M. Schubert* **JAMES M. SCHUBERT**

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

4/23/08

Date

321-409-0054

Daytime Phone #