2004 FOR PROFIT CORPORATION
ANNUAL REPORT

DOCUMENT # P96000006892

1. Entity Name
SEA JOURNEYS, INC.

Principal Place of Business	Mailing Address
1125 NORTH 14 AVENUE HOLLYWOOD, FL 33020	1125 NORTH 14 AVENUE HOLLYWOOD, FL 33020

DO NOT WRITE IN THIS SPACE

03032004   No Chg-P   CR2E034 (10/03)

4. FEI Number		Applied For
65-0634131		Not Applicable

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

6. Name and Address of Current Registered Agent

STILSON, ANN
1125 N. 14TH AVENUE
HOLLYWOOD, FL 33020

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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, 2004 Fee will be $550.00**	9. Election Campaign Financing Trust Fund Contribution. ☐	**$5.00** May Be Added to Fees	U00000114141 04/15/04-80036-025 150.00

10.   OFFICERS AND DIRECTORS

TITLE	PSTD
NAME	STILSON, ANN M
STREET ADDRESS	1125 NORTH 14 AVENUE
CITY-ST-ZIP	HOLLYWOOD, FL 33020
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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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 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: _Ann Stilson_   4/7/04   954-923-9256
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR   Date   Daytime Phone #