

**2006 FOR PROFIT CORPORATION  
ANNUAL REPORT**

**FILED**  
**Jul 11, 2006 8:00 am**  
**Secretary of State**

07-11-2006 90014 039 \*\*\*150.00

**DOCUMENT # P96000018053**

1. Entity Name  
**SEACREST CONTRACTORS, INC.**



Principal Place of Business  
**130 NE FIRST ST  
DELRAY BEACH, FL 33444**

Mailing Address  
**PO BOX 6785  
DELRAY BEACH, FL 33482**



04022006 No Chg-P CR2E034 (11/05)

**DO NOT WRITE IN THIS SPACE**

4. FEI Number  
**65-0649015**

Applied For  
Not Applicable

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

**6. Name and Address of Current Registered Agent**

**KENDALL, THOMAS L  
1700 NW SECOND AVE  
DELRAY BEACH, FL 33444**

**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, 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  
NAME  
STREET ADDRESS  
CITY - ST - ZIP  
**D  
KENDALL, THOMAS L  
1700 NW SECOND AVE  
DELRAY BEACH, FL 33444**

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 like empowered.

**SIGNATURE:**

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

*Thomas L. Kendall, Pres.* 7-3-06 (561) 499-5710

ATTACHMENT

40098112

# P96000018053

## **Seacrest Contractors, Inc.**

P.O. Box 678 Delray Beach, FL 33482 561-499-5710

General Contractor: #CG-CO27748

Air Conditioning: #CA-CO13284

Roofing: #CC-CO57415

7-5-06

To Whom it May Concern:

I just got a notice of Intent To Dispute  
2 days ago - It seems I never sent in my fee  
& Uniform Bus. Report. - I did not get a first  
mailing notification this year.

I am enclosing my downloaded form & \$150.- fee  
as per my phone conversation (Rep. @ 850-488-9000).  
Thank you for your help & cooperation.

Thomas

Thomas Kordell, Pres.