


# 2005 FOR PROFIT CORPORATION ANNUAL REPORT

**FILED**  
**Mar 03, 2005 8:00 am**  
**Secretary of State**

03-03-2005 90177 034 \*\*\*150.00

|                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                         |                                 |                                                                                                   |                                                                                                                                                                      |                                                                                   |  |
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| DOCUMENT # P96000029405                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                 |                                 |                                                                                                   |                                                                                                                                                                      |  |  |
| <b>1. Entity Name</b><br>SEA OATS, INC.                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                 |                                 |                                                                                                   |                                                                                                                                                                      |                                                                                   |  |
| <b>Principal Place of Business</b><br>2539 S ATLANTIC AVE<br>DAYTONA BEACH SHORES, FL 32118                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                             |                                 |                                                                                                   | <b>Mailing Address</b><br>2539 S ATLANTIC AVE<br>DAYTONA BEACH SHORES, FL 32118                                                                                      |                                                                                   |  |
| <b>2. Principal Place of Business</b>                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                   |                                 | <b>3. Mailing Address</b>                                                                         |                                                                                                                                                                      |                                                                                   |  |
| Suite, Apt. #, etc.                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                     |                                 | Suite, Apt. #, etc.                                                                               |                                                                                                                                                                      |                                                                                   |  |
| City & State                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                            |                                 | City & State                                                                                      |                                                                                                                                                                      |                                                                                   |  |
| Zip                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                     | Country                         | Zip                                                                                               | Country                                                                                                                                                              | 02142005    Chg-P    CR2E034 (10/03)                                              |  |
| <b>4. FEI Number</b><br>59-3376569                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                      |                                 |                                                                                                   |                                                                                                                                                                      | Applied For<br><input type="checkbox"/> Not Applicable                            |  |
| <b>5. Certificate of Status Desired</b> <input type="checkbox"/>                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                        |                                 |                                                                                                   |                                                                                                                                                                      | <b>\$8.75 Additional Fee Required</b>                                             |  |
| <b>6. Name and Address of Current Registered Agent</b>                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                  |                                 |                                                                                                   | <b>7. Name and Address of New Registered Agent</b>                                                                                                                   |                                                                                   |  |
| PALMETTO CHARTER SERVICES INC<br>150 MAGNOLIA AVE<br>DAYTONA BEACH, FL 32115-2491                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                       |                                 |                                                                                                   | Name: <i>Joe Loguidice</i><br>Street Address (P.O. Box Number is Not Acceptable): <i>1515 Ridge Wood Ave</i><br>City: <i>Holly Hill</i> FL    Zip Code: <i>32117</i> |                                                                                   |  |
| <b>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.</b>                                                                                                                                                                                                                                                                                                                                                                                                                    |                                 |                                                                                                   |                                                                                                                                                                      |                                                                                   |  |
| SIGNATURE: <i>[Signature]</i><br><small>Signature, typed or printed name of registered agent and title if applicable.</small>                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                           |                                 |                                                                                                   | (NOTE: Registered Agent signature required when registering)<br><i>Joe Loguidice</i> DATE: <i>2/14/05</i>                                                            |                                                                                   |  |
| <b>FILE NOW!!! FEE IS \$150.00</b><br><b>After May 1, 2005 Fee will be \$550.00</b>                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                     |                                 | <b>9. Election Campaign Financing</b> <input type="checkbox"/> <b>\$5.00 May Be Added to Fees</b> |                                                                                                                                                                      |                                                                                   |  |
| <b>10. OFFICERS AND DIRECTORS</b>                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                       |                                 |                                                                                                   | <b>11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11</b>                                                                                                         |                                                                                   |  |
| TITLE                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                   | PD                              |                                                                                                   | TITLE                                                                                                                                                                | <input type="checkbox"/> Change <input type="checkbox"/> Addition                 |  |
| NAME                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                    | ELLIOTT, PHILIP H JR            |                                                                                                   | NAME                                                                                                                                                                 |                                                                                   |  |
| STREET ADDRESS                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                          | 435 OCEAN SHORE BLVD            |                                                                                                   | STREET ADDRESS                                                                                                                                                       |                                                                                   |  |
| CITY-ST-ZIP                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                             | ORMOND BEACH, FL                |                                                                                                   | CITY-ST-ZIP                                                                                                                                                          |                                                                                   |  |
| TITLE                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                   | STD                             |                                                                                                   | TITLE                                                                                                                                                                | <input type="checkbox"/> Change <input type="checkbox"/> Addition                 |  |
| NAME                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                    | ELLIOTT, JOYCE O                |                                                                                                   | NAME                                                                                                                                                                 |                                                                                   |  |
| STREET ADDRESS                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                          | 435 OCEAN SHORE BLVD            |                                                                                                   | STREET ADDRESS                                                                                                                                                       |                                                                                   |  |
| CITY-ST-ZIP                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                             | ORMOND BEACH, FL 32176          |                                                                                                   | CITY-ST-ZIP                                                                                                                                                          |                                                                                   |  |
| TITLE                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                   | VD                              |                                                                                                   | TITLE                                                                                                                                                                | <input type="checkbox"/> Change <input type="checkbox"/> Addition                 |  |
| NAME                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                    | PRUETT, KATHLEEN                |                                                                                                   | NAME                                                                                                                                                                 |                                                                                   |  |
| STREET ADDRESS                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                          | 741 N HALIFAX DRIVE             |                                                                                                   | STREET ADDRESS                                                                                                                                                       |                                                                                   |  |
| CITY-ST-ZIP                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                             | ORMOND BEACH, FL 32716          |                                                                                                   | CITY-ST-ZIP                                                                                                                                                          |                                                                                   |  |
| TITLE                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                   | <input type="checkbox"/> Delete |                                                                                                   | TITLE                                                                                                                                                                | <input type="checkbox"/> Change <input type="checkbox"/> Addition                 |  |
| NAME                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                    |                                 |                                                                                                   | NAME                                                                                                                                                                 |                                                                                   |  |
| STREET ADDRESS                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                          |                                 |                                                                                                   | STREET ADDRESS                                                                                                                                                       |                                                                                   |  |
| CITY-ST-ZIP                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                             |                                 |                                                                                                   | CITY-ST-ZIP                                                                                                                                                          |                                                                                   |  |
| TITLE                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                   | <input type="checkbox"/> Delete |                                                                                                   | TITLE                                                                                                                                                                | <input type="checkbox"/> Change <input type="checkbox"/> Addition                 |  |
| NAME                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                    |                                 |                                                                                                   | NAME                                                                                                                                                                 |                                                                                   |  |
| STREET ADDRESS                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                          |                                 |                                                                                                   | STREET ADDRESS                                                                                                                                                       |                                                                                   |  |
| CITY-ST-ZIP                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                             |                                 |                                                                                                   | CITY-ST-ZIP                                                                                                                                                          |                                                                                   |  |
| TITLE                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                   | <input type="checkbox"/> Delete |                                                                                                   | TITLE                                                                                                                                                                | <input type="checkbox"/> Change <input type="checkbox"/> Addition                 |  |
| NAME                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                    |                                 |                                                                                                   | NAME                                                                                                                                                                 |                                                                                   |  |
| STREET ADDRESS                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                          |                                 |                                                                                                   | STREET ADDRESS                                                                                                                                                       |                                                                                   |  |
| CITY-ST-ZIP                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                             |                                 |                                                                                                   | CITY-ST-ZIP                                                                                                                                                          |                                                                                   |  |
| <b>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.</b> |                                 |                                                                                                   |                                                                                                                                                                      |                                                                                   |  |
| <b>SIGNATURE:</b> <i>[Signature]</i><br><small>SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR</small>                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                               |                                 |                                                                                                   | Date: <i>02-28-05</i> Daytime Phone #: <i>386-767-5684</i>                                                                                                           |                                                                                   |  |