## 2007 FOR PROFIT CORPORATION ANNUAL REPORT

## DOCUMENT# P96000029405

Entity Name: SEA OATS, INC.

Address:

City-St-Zip:

741 N HALIFAX DRIVE

ORMOND BEACH, FL 32716

FILED Apr 30, 2007 Secretary of State

Current Principal Place of Business:			New Principal Plac	New Principal Place of Business:	
2539 S ATLANTIC AVE DAYTONA BEACH SHORES, FL 32118			2539 S ATLANTIC A DAYTONA BEACH S		
Current Mailing Address:			New Mailing Address:		
2539 S ATLANTIC AVE DAYTONA BEACH SHORES, FL 32118				2539 S ATLANTIC AVE DAYTONA BEACH SHORES, FL 32118 US	
FEI Number	: 59-3376569	FEI Number Applied For()	FEI Number Not Applicable ( )	Certificate of Status Desired ( )	
Name and Address of Current Registered Agent:			Name and Address	Name and Address of New Registered Agent:	
HOLLYHIL	EWOOD AVE L, FL 32117	US	purpose of changing its register	red office or registered agent, or both,	
	e of Florida.	submits this statement for the p	ourpose of changing its register	ed office of registered agent, or both,	
SIGNATUI	RE:				
	Electror	ic Signature of Registered Ag	ent	Date	
Election Car	mpaign Financin	g Trust Fund Contribution ( ).			
OFFICERS AND DIRECTORS:			ADDITIONS/CHANG	ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:	
Title: Name: Address: City-St-Zip:	PD ( ) ELLIOTT, PHIL 435 OCEAN SH ORMOND BEAR	ORE BLVD	Title: Name: Address: City-St-Zip:	( ) Change ( ) Addition	
Title: Name: Address: City-St-Zip:	STD ( ) ELLIOTT, JOYO 435 OCEAN SH ORMOND BEAG	ORE BLVD	Title: Name: Address: City-St-Zip:	( ) Change ( ) Addition	
Title: Name:	VD ( ) PRUETT, KATH	Delete LEEN	Title: Name:	( ) Change ( ) Addition	

I hereby certify that the information supplied with this filing does not qualify for the exemption stated 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 electronic 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 above, or on an attachment with an address, with all other like empowered.

Address:

City-St-Zip:

SIGNATURE: PHILIP H ELLIOTT JR PD 04/30/2007