

2006 FOR PROFIT CORPORATION AMENDED ANNUAL REPORT

DOCUMENT # P97000015696

1. Entity Name
SEA GULF, INC.



FILED
06 MAY -3 PM 12:27
SECRETARY OF STATE
TALLAHASSEE, FLORIDA

Principal Place of Business
2301 DEL PRADO BOULEVARD, SUITE 100
CAPE CORAL, FL 33990

Mailing Address
3949 EVANS AVE
SUITE 205
FORT MYERS, FL 33901

2. Principal Place of Business
2624 El Dorado Pkwy W
Suite, Apt. #, etc.

3. Mailing Address
1318 Lafayette St
Suite, Apt. #, etc.

City & State
Cape Coral, Florida
Zip 33914 Country US

City & State
Cape Coral, Florida
Zip 33904 Country US

04262006 Chg-P CR2E034 (11/05)

4. FEI Number 65-0756815
Applied For Not Applicable

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

6. Name and Address of Current Registered Agent

SENERAT, VASANTA
3949 EVANS AVE
205
FT MYERS, FL 33901

7. Name and Address of New Registered Agent

Name Thomas W. Hill
Street Address (P.O. Box Number is Not Acceptable)
1318 Lafayette St
City Cape Coral FL Zip Code 33904

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 *Thomas W. Hill CPA* Thomas W. Hill 4/26/06
Signature (Typed Name of Agent and State of Florida) (NOTE: Registered Agent signature required when changing) DATE

Amended AR is \$61.25

9. Election Campaign Financing
Trust Fund Contribution. ☐ \$5.00 May Be Added to Fees

10. OFFICERS AND DIRECTORS

TITLE PD
NAME LAMAC, DOROTHEA DR. ☐ Delete
STREET ADDRESS 2301 DEL PRADO BOULEVARD, SUITE 100
CITY-ST-ZIP CAPE CORAL, FL 33990

TITLE VSD
NAME PETRITSCH, PETER ☐ Delete
STREET ADDRESS 2301 DEL PRADO BOULEVARD, SUITE 100
CITY-ST-ZIP CAPE CORAL, FL 33990

TITLE
NAME ☐ Delete
STREET ADDRESS
CITY-ST-ZIP

TITLE
NAME ☐ Delete
STREET ADDRESS
CITY-ST-ZIP

TITLE
NAME ☐ Delete
STREET ADDRESS
CITY-ST-ZIP

TITLE
NAME ☐ Delete
STREET ADDRESS
CITY-ST-ZIP

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE PD ☒ Change ☐ Addition
NAME Lamac, Dorothea Dr.
STREET ADDRESS 1318 Lafayette St
CITY-ST-ZIP Cape Coral, FL 33904

TITLE VSD ☒ Change ☐ Addition
NAME Petritsch, Peter
STREET ADDRESS 1318 Lafayette St.
CITY-ST-ZIP Cape Coral, FL 33904

TITLE
NAME ☐ Change ☐ Addition
STREET ADDRESS
CITY-ST-ZIP

TITLE
NAME ☐ Change ☐ Addition
STREET ADDRESS
CITY-ST-ZIP

TITLE
NAME ☐ Change ☐ Addition
STREET ADDRESS
CITY-ST-ZIP

TITLE
NAME ☐ Change ☐ Addition
STREET ADDRESS
CITY-ST-ZIP

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: *D. Lamac* D. LAMAC 4/25/06 239-549-2444
Signature and Typed or Printed Name of Signing Officer or Director Date Daytime Phone #