2008 FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT # P97000083091

Entity Name

SEAFARER'S 1997, INC.



Principal Place of Business

1113 ESTERO BLVD., #5 FORT MYERS BEACH, FL 33931 Mailing Address

6170 FIRST FINANCIAL DRIVE 301 BURLINGTON, KY 41005

FILED May 19, 2008 8:00 am Secretary of State

05-19-2008 90041 003 ***150.00

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04242008

No Chg-P

CR2E034 (11/05)

4. FEI Number 59-3470043

Applied For Not Applicable

5. Certificate of Status Desired

\$8.75 Additional Fee Required

6. Name and Address of Current Registered Agent

DO NOT WRITE IN THIS SPACE

MEYERS, AMANDA L 9077 THE LANE NAPLES, FL 34109

DO NOT WRITE IN THIS SPACE

8. The above the obligat	named entity submits this statement for the plions of registered agent.	ourpose of changing its registere	ed office or r	egistered agent, or be	oth, in the State of Florida. I am familiar with, and accept
SIGNATURE Signature, typed or printed name of registered agent and little if applicable. (NOTE: Registered Agent signature required when reinstating) DATE					
	E NOW!!! FEE IS \$150.00 ay 1, 2008 Fee will be \$550.00	Election Campaign Finan Trust Fund Contribution.	cing	\$5.00 May Be Added to Fees	
10.	OFFICERS AND DIREC	CTORS			
TITLE NAME STREET ADDRESS CITY-ST-ZIP	BURNS, FRED 13406 GREEN ROAD 6170 15t 1 WALTON, KY 41004 BUrlingt	Financial Dr#301			
TITLE NAME STREET ADDRESS CITY-ST-ZIP	P MEYERS, AMANDA L 9077 THE LANE NAPLES, FL 34109	711(12)			
TITLE NAME STREET ADDRESS CITY-ST-ZIP		,,		DO	NOT WRITE
TITLE NAME STREET ADDRESS CITY-ST-ZIP		:	IN THIS SPACE		
TITLE NAME STREET ADDRESS CITY-ST-ZIP					
TITLE NAME STREET ADDRESS					

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.

CICMATHDE.

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