

# 2005 FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# P97000087126

FILED  
Jul 03, 2005  
Secretary of State

Entity Name: SEACOM MANAGEMENT, INC.

## Current Principal Place of Business:

8447 MIDNIGHT PSS  
SARASOTA, FL 34242 US

## New Principal Place of Business:

## Current Mailing Address:

P O BOX 17668  
SARASOTA, FL 34276 US

## New Mailing Address:

FEI Number: 65-0804670

FEI Number Applied For ( )

FEI Number Not Applicable ( )

Certificate of Status Desired ( )

## Name and Address of Current Registered Agent:

CORPORATION SERVICE COMPANY  
1201 HAYS STREET  
TALLAHASSEE, FL 323012525 US

## Name and Address of New Registered Agent:

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.

SIGNATURE:

Electronic Signature of Registered Agent

Date

In accordance with s. 607.193(2)(b), F.S., the corporation did not receive the prior notice.

Election Campaign Financing Trust Fund Contribution ( ).

## OFFICERS AND DIRECTORS:

Title: DVT ( ) Delete  
Name: MICALÉ, JOSEPH  
Address: P O BOX 40146  
City-St-Zip: SARASOTA, FL 34242

Title: DS ( ) Delete  
Name: MICALÉ, JEANINE A  
Address: P O BOX 40146  
City-St-Zip: SARASOTA, FL 34242

Title: DPT ( ) Delete  
Name: MICALÉ, MARK R  
Address: P.O. BOX 17668  
City-St-Zip: SARASOTA, FL 34276

## ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

Title: ( ) Change ( ) Addition  
Name:  
Address:  
City-St-Zip:

Title: ( ) Change ( ) Addition  
Name:  
Address:  
City-St-Zip:

Title: ( ) Change ( ) Addition  
Name:  
Address:  
City-St-Zip:

I hereby certify that the information supplied with this filing does not qualify for the 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 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.

SIGNATURE: JOSEPH C MICALÉ

DVT

07/03/2005

Electronic Signature of Signing Officer or Director

Date