

2004 FOR PROFIT CORPORATION ANNUAL REPORT

FILED
Mar 29, 2004 08:00 AM
Secretary of State

DOCUMENT # P97000092939	
1. Entity Name SEAGRAPE ENTERPRISES, INC.	

Principal Place of Business 1619 PERIWINKLE WAY, SUITE 102 SANIBEL, FL 33957	Mailing Address 1619 PERIWINKLE WAY, SUITE 102 SANIBEL, FL 33957
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01202004 No Chg-P CR2E034 (10/03)

4. FEI Number 65-0790991	Applied For ☐ Not Applicable
5. Certificate of Status Desired ☐ \$8.75 Additional Fee Required	

6. Name and Address of Current Registered Agent
LOUWERS, THOMAS R 1619 PERIWINKLE WAY SUITE 102 SANIBEL, FL 33957

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 _____ (NOTE: Registered Agent signature required when re-registering) DATE _____
Signature, typed or printed name of registered agent and title if applicable.

**FILE NOW!!! FEE IS \$150.00
After May 1, 2004 Fee will be \$550.00**

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

10. OFFICERS AND DIRECTORS	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	PD GERSTNER, ULRICH GEORG-BLEIBTREU STRABE 1 XANTEN, GERMANY D-46509,
TITLE NAME STREET ADDRESS CITY-ST-ZIP	STD GERSTNER, GABRIELE GEORG-BLEIBTREU STRABE 1 XANTEN, GERMANY D-46509,
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03/29/04-80026-002 150.00

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.

SIGNATURE: _____
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

3-25-04 **239-472-5152**
Date Daytime Phone #