## 2006 FOR PROFIT CORPORATION **ANNUAL REPORT** FILED DOCUMENT # P98000054731 Jan 05, 2006 08:00 AM 1. Entity Name SEACOAST R.V. RENTALS, INC. **Secretary of State** Principal Place of Business Mailing Address 1005 CAPITAL CIRCLE, N.W. P.O. BOX 38579 TALLAHASSEE, FL 32315 TALLAHASSEE, FL 32304 US 01032006 No Chg-P CR2E034 (11/05) DO NOT WRITE IN THIS SPACE 4. FEI Number 59-3517420 5. Certificate of Status Desired 6. Name and Address of Current Registered Agent KORNEGAY, ROBERT W DO NOT WRITE 1005 CAPITAL CIRCLE NW TALLAHASSEE, FL 32304 IN THIS SPACE 6. 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. 1-3-06 DATE Signature, typed or printed name of registered agent and title (applicate) (NOTE: Registered Agent algosture required when reinstating)

9. Election Campaign Financing

Trust Fund Contribution.

1000000378345 01/09/06-80001-023 150.00

Applied For

\$8.75 Additional

Fee Required

Not Applicable

DO NOT WRITE IN THIS SPACE

\$5.00 May Be

Added to Fees

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 without address, with all other like empowered.

-		1 500 100	
SIGN	<b>7</b> 1 1	4 L-2 L-4	#

File NOW!!! FEE IS \$150.00 After May 1, 2006 Fee will be \$550.00

KORNEGAY, ROBERT W

1005 CAPITAL CIRCLE NW

TALLAHASSEE, FL 32304

10. TITLE

NAME STREET ADDRESS

IIILE

MALE STREET ADDRESS CITY-ST-ZIP MLE NAME STREET ADDRESS

CITY-ST-ZIP

CITY-ST-ZIP

TITLE NAME STREET ADDRESS CITY-ST-ZIP TITLE NAUE STREET ADDRESS CITY-ST-ZIP TITLE NAME STREET ADDRESS CITY-ST-ZIP

OFFICERS AND DIRECTORS

TED HAME OF MENING OFFICER OR DIRECTOR