

2005 FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# P98000064855

FILED
Apr 30, 2005
Secretary of State

Entity Name: SEACREST BEACH, DOWN UNDER, INC.

Current Principal Place of Business:

40001 EMERALD COAST PARKWAY
DESTIN, FL 32541

New Principal Place of Business:

Current Mailing Address:

40001 EMERALD COAST PARKWAY
DESTIN, FL 32541

New Mailing Address:

FEI Number: 59-3524869

FEI Number Applied For ()

FEI Number Not Applicable ()

Certificate of Status Desired ()

Name and Address of Current Registered Agent:

HAWKINS, JOHN W
4475 LEGENDARY DR.
BOX 40
DESTIN, FL 32541 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

Election Campaign Financing Trust Fund Contribution ().

OFFICERS AND DIRECTORS:

Title: DP () Delete
Name: ADKINSON, MIKE
Address: 502 GREENWAY COVE
City-St-Zip: NICEVILLE, FL 32578

Title: VPT () Delete
Name: ADKINSON, WAYNE
Address: 29874 U.S. HWY 331 SOUTH
City-St-Zip: FREEPORT, FL 32439

Title: VPS () Delete
Name: ADKINSON, CHAD
Address: 90 SPIRES LANE UNIT 11B
City-St-Zip: SANTA ROSA BEACH, FL 32459

Title: () Delete
Name:
Address:
City-St-Zip:

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:

Title: VP () Change (X) Addition
Name: DEVARONA, ENRIQUE J
Address: 407 EVANS ROAD
City-St-Zip: NICEVILLE, FL 32578 US

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: MIKE ADKINSON

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04/30/2005

Electronic Signature of Signing Officer or Director

Date