

2007 FOR PROFIT CORPORATION ANNUAL REPORT (AR)

FILED
Feb 12, 2007 08:00 AM
Secretary of State

DOCUMENT # P98000095869 1. Entity Name W SEA BEE, INC.			
Principal Place of Business 1604 S.E. 46TH ST. CAPE CORAL FL 33904		Mailing Address 1604 S.E. 46TH ST. CAPE CORAL FL 33904	
2. Principal Place of Business - No P.O. Box # Suite, Apt. #, etc.		3. Mailing Address Suite, Apt. #, etc.	
City & State		City & State	
Zip	Country	Zip	Country
6. Name and Address of Current Registered Agent WASYLYK, CAROLE 1604 S.E. 46TH STREET CAPE CORAL FL 33904		7. Name and Address of New Registered Agent Name Street Address (P.O. Box Number is Not Acceptable) City	
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		4. FEI Number 65-0874452 5. Certificate of Status Desired <input type="checkbox"/> \$8.75 Additional Fee Required	
SIGNATURE _____ <small>Signature, typed or printed name of registered agent and title, if applicable</small>		DATE _____ <small>(NOTE: Registered Agent signature required when re-registering)</small>	
FILE NOW!!! FEE IS \$150.00 After May 1, 2007 Fee Will Be \$550.00. Make Check Payable to Florida Department of State		9. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/> \$5.00 May Be Added to Fees	
10. OFFICERS AND DIRECTORS		11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11	
TITLE NAME STREET ADDRESS CITY- ST- ZIP	P WASYLYK, WAYNE 1604 S.E. 46TH ST. CAPE CORAL FL 33904	TITLE NAME STREET ADDRESS CITY- ST- ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY- ST- ZIP	VST WASYLYK, CAROLE 1604 S.E. 46TH ST. CAPE CORAL FL 33904	TITLE NAME STREET ADDRESS CITY- ST- ZIP	000000631740 02/20/07-80059-009 150.00
TITLE NAME STREET ADDRESS CITY- ST- ZIP	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY- ST- ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
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1st MOORE CR2E034 (10/06)

12. I hereby certify that the information supplied with this filing does not qualify for the exemptions contained in Section 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.

SIGNATURE: *Carole Wasyluk*

2-7-07 239
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