

2006 FOR PROFIT CORPORATION ANNUAL REPORT

FILED
Apr 10, 2006 8:00 am
Secretary of State

04-10-2006 90330 029 ***150.00

DOCUMENT # P98000098839

1. Entity Name
SEA HORSE OCEANFRONT INN, INC.



Principal Place of Business
**120 ATLANTIC BLVD
NEPTUNE BEACH, FL 32266 US**

Mailing Address
**P.O. BOX 51247
JACKSONVILLE, FL 32240 US**

50010446

2. Principal Place of Business

3. Mailing Address

P.O. Box 51247

Suite, Apt. #, etc.

Suite, Apt. #, etc.

04012006

Chg-P

CR2E034 (11/05)

City & State

City & State
JACKSONVILLE BEACH FL

4. FEI Number
59-3543930

Applied For

Not Applicable

Zip

Country

Zip
32240

Country
USA

5. Certificate of Status Desired ☐

\$8.75 Additional
Fee Required

6. Name and Address of Current Registered Agent

**KEASLER, FRANK R JR.
4309 PABLO OAKS COURT
200
JACKSONVILLE, FL 32224**

7. Name and Address of New Registered Agent

Name
KEASLER, FRANK R JR.
Street Address (P.O. Box Number is Not Acceptable)
10409 CENTURION PARKWAY N
SUITE 112
City
JACKSONVILLE FL Zip Code
32256

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

Signature, typed or printed name of registered agent and title if applicable.

(NOTE: Registered Agent signature required when reinstating)

DATE

**FILE NOW!!! FEE IS \$150.00
After May 1, 2006 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
D
COLE, KATHLEEN S ☐ Delete
%1500 PENMAN ROAD
NEPTUNE BEACH, FL 32266

TITLE
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CITY-ST-ZIP
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11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
☐ Change ☐ Addition

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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 with an address, with all other like empowered.

SIGNATURE:

Kathleen S. Cole

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

4/4/06

Date

904 247-5264

Daytime Phone #