

2005 FOR PROFIT CORPORATION ANNUAL REPORT

FILED
Feb 25, 2005 8:00 am
Secretary of State

02-25-2005 90145 006 ***150.00

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DOCUMENT # P99000009581 1. Entity Name KCJR SEA COLONY, INC.			
Principal Place of Business 447 ATLANTIC BLVD, STE 5 ATLANTIC BEACH, FL 32233		Mailing Address 447 ATLANTIC BLVD, STE 5 ATLANTIC BEACH, FL 32233	
2. Principal Place of Business 1834 Selva Grande DR.		3. Mailing Address 1834 Selva Grande DR.	
Suite, Apt. #, etc. 		Suite, Apt. #, etc. 	
City & State Atlantic Beach, FL		City & State Atlantic Beach, FL	
Zip 32233		Zip 32233	
Country 		Country 	
4. FEI Number 59-3559841		Applied For <input type="checkbox"/> Not Applicable	
5. Certificate of Status Desired <input type="checkbox"/>		\$8.75 Additional Fee Required	
6. Name and Address of Current Registered Agent HOLBROOK COLD, KATHLEEN 1 INDEPENDENT DR, STE 2301 JACKSONVILLE, FL 32202		7. Name and Address of New Registered Agent Name Street Address (P.O. Box Number is Not Acceptable) City FL Zip Code	
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 reinstating) DATE _____			
FILE NOW!!! FEE IS \$150.00 After May 1, 2005 Fee will be \$550.00		9. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/> \$5.00 May Be Added to Fees	
\$150.			
10. OFFICERS AND DIRECTORS		11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D RUTH, JOHN W 510 N JULIA ST JACKSONVILLE, FL 32202	TITLE NAME STREET ADDRESS CITY-ST-ZIP	D Ruth, John W. 208 Oceanfront Neptune Beach, FL 32266
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D CRISS, KENNETH L 447 ATLANTIC BLVD, STE 5 ATLANTIC BEACH, FL 32233	TITLE NAME STREET ADDRESS CITY-ST-ZIP	D Criss, Kenneth L. 1834 Selva Grande DR. Atlantic Beach, FL 32233
TITLE NAME STREET ADDRESS CITY-ST-ZIP		TITLE NAME STREET ADDRESS CITY-ST-ZIP	
TITLE NAME STREET ADDRESS CITY-ST-ZIP		TITLE NAME STREET ADDRESS CITY-ST-ZIP	
TITLE NAME STREET ADDRESS CITY-ST-ZIP		TITLE NAME STREET ADDRESS CITY-ST-ZIP	
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: <u>Kenneth L. Criss</u> SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR		2/12/05 904-249-9053 Date Daytime Phone #	