

**2004 FOR PROFIT CORPORATION  
ANNUAL REPORT (AR)**

**FILED**  
**Mar 09, 2004 8:00 am**  
**Secretary of State**

03-09-2004 90020 002 \*\*\*150.00

**DOCUMENT # P99000111024**

1. Entity Name

SEASCAPE YACHT INTERIORS, INC.



Principal Place of Business

395-12 AVE  
INDIAN ROCKS BEACH FL 33785

Mailing Address

395-12 AVE  
INDIAN ROCKS BEACH FL 33785

44010543



MOORE CR2E034 (11/03)

2. Principal Place of Business

8253 ULMERTON RD.

3. Mailing Address

8253 ULMERTON RD.

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

LARGO FL

City & State

LARGO FL

4. FEI Number

59-3614992

Applied For

Not Applicable

Zip

33771

Country

USA

Zip

33771

Country

USA

5. Certificate of Status Desired

\$8.75 Additional Fee Required

6. Name and Address of Current Registered Agent

GEORGE, LAURIE  
395-12 AVENUE  
INDIAN ROCKS BEACH FL 33785

7. Name and Address of New Registered Agent

Name JAMES PRICE  
Street Address (P.O. Box Number is Not Acceptable)  
395 12th AVE  
City INDIAN ROCKS BEACH FL Zip Code 33785

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

*James Price* JAMES PRICE

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

(NOTE: Registered Agent signature required when reinstating)

3-4-04

DATE

**FILE NOW!!! FEE IS \$150.00**

**After May 1, 2004 Fee will be \$550.00**

**Make Check Payable to Florida Department of State**

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	Delete
	D	GEORGE, LAURIE	4052 CAPITAL DR. PALM HARBOR FL 34685	<input type="checkbox"/>
				<input type="checkbox"/>

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE	NAME	STREET ADDRESS	CITY-ST-ZIP	Change	Addition
	GEORGE, LAURIE	395 12th AVE	INDIAN ROCKS BEACH FL 33785	<input checked="" type="checkbox"/>	<input type="checkbox"/>
	PRICE, JAMES	395 12th AVE	INDIAN ROCKS BEACH, FL 33785	<input type="checkbox"/>	<input checked="" type="checkbox"/>
	SALLY LINDBERG	29605 US 19 N #260	CLEARWATER, FL 33761	<input type="checkbox"/>	<input checked="" type="checkbox"/>
				<input type="checkbox"/>	<input type="checkbox"/>
				<input type="checkbox"/>	<input type="checkbox"/>
				<input type="checkbox"/>	<input type="checkbox"/>
				<input type="checkbox"/>	<input type="checkbox"/>

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:

*James Price* JAMES PRICE  
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

3-4-04

DATE

(727) 524-3431

DAYTIME PHONE #