

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 D ☐ Delete
NAME GEORGE, LAURIE
STREET ADDRESS 4052 CAPITAL DR.
CITY-ST-ZIP PALM HARBOR FL 34685

TITLE ☐ Delete
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ Delete
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ Delete
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ Delete
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ Delete
NAME
STREET ADDRESS
CITY-ST-ZIP

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE GEORGE, LAURIE P/S/D ☒ Change ☐ Addition
NAME
STREET ADDRESS 395 12th AVE
CITY-ST-ZIP INDIAN ROCKS BEACH FL 33785

TITLE PRICE, JAMES V/T/D ☐ Change ☒ Addition
NAME
STREET ADDRESS 395 12th AVE
CITY-ST-ZIP INDIAN ROCKS BEACH, FL 33785

TITLE SALLY LINDBERG D ☐ Change ☒ Addition
NAME
STREET ADDRESS 29605 US 19 N #260
CITY-ST-ZIP CLEARWATER, FL 33761

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

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

TITLE ☐ Change ☐ Addition
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:

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

3-4-04 (727) 524-3431
Date Daytime Phone #