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

Apr 21, 2004 8:00 am Secretary of State DOCUMENT # S93403 1. Entity Name 04-21-2004 90074 035 ***150.00 THE SIGHT-SEA-ER, INC. Principal Place of Business Mailing Address 31 S.E. HARBOR POINT DRIVE 31 S.E. HARBOR POINT DRIVE STUART FL 34996 STUART FL 34996 2. Principal Place of Business 3. Mailing Address Suite, Apt. #, etc. Suite, Apt. #, etc. MOORE CR2E034 (11/03) City & State 4. FEI Number City & State Applied For 65-0297406 Not Applicable Zin Country Zip Country \$8.75 Additional 5. Certificate of Status Desired Fee Required 6. Name and Address of Current Registered Agent 7. Name and Address of New Registered Agent Name MORTELL, EDWIN E III Street Address (P.O. Box Number is Not Acceptable) 2100 SE ÓCEAN BEVD SUITE 202 STUART FL 34996 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 Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating) FILE NOW!!! FEE IS \$150.00 9. Election Campaign Financing \$5.00 May Be After May 1, 2004 Fee will be \$550.00 Trust Fund Contribution. Added to Fees Make Check Payable to Florida Department of State OFFICERS AND DIRECTORS 10. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11 11. **P\$D** TITLE ☐ Delete TITLE ☐ Change ☐ Addition BARATTA, ROBERT O. NAME NAME 31 S.E. HARBOR POINT DRIVE STREET ADDRESS STREET ADDRESS STUART FL 34996 CITY-ST-7IP CITY-ST-ZIP VPT Change TITLE ☐ Delete TITLE Addition BARATTA, CAROL NAME NAME 31 S.E. HARBOR POINT DRIVE STREET ADDRESS STREET ADDRESS STUART FL 34996 CITY-ST-7IP CITY-ST-ZIP TITLE Delete TITLE Change ■ Addition NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP Addition TITLE ☐ Delete TITLE ☐ Change STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP ☐ Change TITLE ☐ Delete ☐ Addition NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-7/P TITLE ☐ Delete Maddition Addition TITLE ☐ Change NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP 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 Roberto Baratta 772-283-6658

SIGNATURE:

FILED