2006 FOR PROFIT CORPORATION ANNUAL REPORT (AR)

SIGNATURE:

DOCUMENT # V06362 1. Entity Name SEAWEED IV OF TAMPA, INC.		gr. or di			Apr 24, 2006 08:00 AM Secretary of State
Principal Plac	e of Business	Mailing Address			
7101 49TH AVE, SOUTH TAMPA FL 33619 US		7101 49TH AVE, SOUTH TAMPA FL 33619 US			
2. Principal Place of Business		3. Mailing Address) den 1 and and and and and alles was sitte and diet bean and a gran and a gr
Suite, Apt, #, etc.		Suite, Apt. #, etc.			1st MOORE CR2E034 (10/05)
City & State		City & State			4. FEI Number 59-3113215 Applied For Not Applied
Zîp	Country	Zip	Coun	stry	5. Certificate of Status Desired \$8.75 Additional Fee Required
6. Name and Address of Current Registered Agent					7. Name and Address of New Registered Agent
BIC	HARDS, JAMES S		_		
7101 49TH AVE, SOUTH TAMPA FL 33619				Street Addre	ss (P.O. Box Number is Not Acceptable)
l iAn	M A FE 330 19			<u></u>	
<u></u>				City	FL Zip Code
	a named entity submits this statement tions of registered agent.	for the purpose of changing it	s register	ed office or regi	istered agent, or both, in the State of Florida. I am familiar with, and acce
SIGNATURE	Signature typed or pointed name of registered age	nt and title if applicable (NO	TE Registare	d Agent signatura reg	xured when re-instaling) DATE
F	ILE NOW!!! FEE IS \$150.00	in the second se			9. Election Campaign Financing \$5.00 May
After	May 1, 2006 Fee Will Be \$550.0 k Payable to Florida Department	St. Person ready of			Trust Fund Contribution. Added to Fees
10.	CFFICERS AN	D DIRECTORS	tt.	~ · _	ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11
TITLE	PD RICHARDS, JAMES S	☐ Delete	TITU	ŀ	☐ Change ☐ Art.**
STREET ADURESS	7101 49TH AVE, SOUTH		STRE	EET ADORESS	
TITLE	STD 33619	☐ Delete	TITL	-ST-ZIP	U00000529865 Change AAA
NAME	RICHARDS, HELEN C	<i>∟ ∪etete</i>	NAM		05/05/06-80093-017 158.75
STREET ADDRESS CITY-ST-ZIP	7101 49TH AVE, SOUTH TAMPA FL 33619			EET ADDRESS '-ST-11P	
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NAME	RICHARDS, ROBERT S		NAM		·
STREET ABURESS CITY-ST-ZIP	T101 49TH AVE, SOUTH		4	LET ADDRESS '-ST-ZIP	
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CITY-ST-ZIP	}		cmy	'-ST-ZP	
indicated of the co	l on this report or supplemental report	is true and accurate and that recovered to execute this repo	my sigกิล อน as reci	eved (lede evut	ained in Section 119, Florida Statutes. I further certify that the information the same legal effect as if made under path, that I am an officer or direction 607, Florida Statutes; and that my name appears in Block 10 or Block 1

FILED

4/12/06 813-626-5826