

2006 FOR PROFIT CORPORATION ANNUAL REPORT

FILED
Apr 07, 2006 08:00 AM
Secretary of State

DOCUMENT # V73994

1. Entity Name
SEA SCREAMER OF TREASURE ISLAND, INC.



Principal Place of Business
**PO BOX 3700
CLEARWATER, FL 33767 US**

Mailing Address
**P O BOX 3700
CLEARWATER, FL 33767 US**



01182006 No Chg-P CR2E034 (11/05)

4. FEI Number
59-3147245 Applied For
Not Applicable

5. Certificate of Status Desired ☐ **\$8.75** Additional
Fee Required

DO NOT WRITE IN THIS SPACE

6. Name and Address of Current Registered Agent

**GRAVES, JOYCE
327 WOOD IBIS AVE
TARPON SPRINGS, FL 34689**

**DO NOT WRITE
IN THIS SPACE**

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 reappointing) DATE _____
Signature, typed or printed name of registered agent and title if applicable

**FILE NOW!!! FEE IS \$150.00
After May 1, 2006 Fee will be \$550.00**

9. Election Campaign Financing
Trust Fund Contribution. ☐ **\$5.00** May Be
Added to Fees

U000000495601
04/21/06-80015-025 150.00

10. OFFICERS AND DIRECTORS

TITLE **D**
NAME **FOSTER, WILLIAM DOUGLAS**
STREET ADDRESS **100 CORONADO DRIVE**
CITY-ST-ZIP **CLEARWATER, FL**

TITLE **VP**
NAME **GRAVES, JOYCE**
STREET ADDRESS **327 WOOD IBIS AVE**
CITY-ST-ZIP **TARPON SPRINGS, FL 34689**

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

**DO NOT WRITE
IN THIS SPACE**

12. I hereby certify that the information supplied with this filing does not qualify for the exemptions contained in Chapter 119, 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: Joyce Graves - Joyce Graves
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

4-4-06 727-943-1921
Date Daytime Phone #