

# 2007 FOR PROFIT CORPORATION ANNUAL REPORT

FILED

Apr 25, 2007 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  
PO BOX 3700  
CLEARWATER, FL 33767 US

DO NOT WRITE IN THIS SPACE



03192007 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

## 6. Name and Address of Current Registered Agent

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

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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)

DATE

FILE NOW!!! FEE IS \$150.00  
After May 1, 2007 Fee will be \$550.00

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  
D  
FOSTER, WILLIAM DOUGLAS  
100 CORONADO DRIVE  
CLEARWATER, FL

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

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

TITLE  
NAME  
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CITY-ST-ZIP

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

000000733197  
05/09/07-80063-008 150.00

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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

4-17-07  
Date

727-943-1921  
Daytime Phone #