


2004 FOR PROFIT CORPORATION ANNUAL REPORT (AR)

FILED
Mar 09, 2004 8:00 am
Secretary of State

02-25-2004 90017 044 ***150.00

DOCUMENT # 659309
 1. Entity Name
SEACOAST SPECIALTIES, INC.



Principal Place of Business
**1701 AVENIDA DEL SOL
 BOCA RATON FL 33432
 US**

Mailing Address
**1701 AVENIDA DEL SOL
 BOCA RATON FL 33432
 US**

2. Principal Place of Business
1750 COSTA DEL SOL

3. Mailing Address
1750 COSTA DEL SOL

Suite, Apt. #, etc.

City & State
BOCA RATON FL


City & State
BOCA RATON FL

Zip
33432

Country
PALM BEACH

Zip
33432

Country
- PALM BEACH



MOORE CR2E034 (11/03)

4. FEI Number **59-1978212** Applied For Not Applicable

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

6. Name and Address of Current Registered Agent
**MURRAY, RICHARD T.
 575 N.W. 13TH AVENUE
 BOCA RATON FL 33486**

7. Name and Address of New Registered Agent

Name

Street Address (P.O. Box Number is Not Acceptable)

City **FL** 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 _____ DATE _____
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
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	T	<input type="checkbox"/> Delete
NAME	MURRAY, RICHARD L.	
STREET ADDRESS	575 N.W. 13TH AVENUE	
CITY-ST-ZIP	BOCA RATON FL 33486	
TITLE	P	<input type="checkbox"/> Delete
NAME	MURRAY, RICHARD T.	
STREET ADDRESS	575 N.W. 13TH AVENUE	
CITY-ST-ZIP	BOCA RATON FL 33486	
TITLE	VP	<input type="checkbox"/> Delete
NAME	MURRAY, JAY C	
STREET ADDRESS	575 N.W. 13TH AVE	
CITY-ST-ZIP	BOCA RATON FL 33486	
TITLE	S	<input type="checkbox"/> Delete
NAME	ROBICHAUD, DENNIS	
STREET ADDRESS	21391 TOWN LKAES DR #1210	
CITY-ST-ZIP	BOCA RATON FL 33486	
TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE	D	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE	P/T	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE	V/S	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE	D	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS	202 MEADOWS DR.	
CITY-ST-ZIP	BOYNTON BEACH FL 33436	
TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Change <input type="checkbox"/> 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: Richard T. Murray 3-5-04 561 3951828
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #