

**2020 FLORIDA PROFIT CORPORATION ANNUAL REPORT**

DOCUMENT# P12000026238

**Entity Name:** SEA OF SMILES, INC

**Current Principal Place of Business:**

3737 MARYWEATHER LANE  
SUITE 101  
WESLEY CHAPEL, FL 33544

**Current Mailing Address:**

3737 MARYWEATHER LANE  
SUITE 101  
WESLEY CHAPEL, FL 33544 US

**FEI Number:** 45-4830547

**Certificate of Status Desired:** No

**Name and Address of Current Registered Agent:**

LAPRESTI, LISA  
20105 FAIR HILL WAY  
TAMPA, FL 33647 US

*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.*

**SIGNATURE:**

\_\_\_\_\_  
Electronic Signature of Registered Agent

\_\_\_\_\_  
Date

**Officer/Director Detail :**

Title	P, T	Title	VP S
Name	LAPRESTI, LISA	Name	LAPRESTI, MARK
Address	20105 FAIR HILL WAY	Address	20105 FAIR HILL WAY
City-State-Zip:	TAMPA FL 33647	City-State-Zip:	TAMPA FL 33647
Title	D	Title	D
Name	LAPRESTI, LISA	Name	LAPRESTI, MARK
Address	20105 FAIR HILL WAY	Address	20105 FAIR HILL WAY
City-State-Zip:	TAMPA FL 33647	City-State-Zip:	TAMPA FL 33647

*I hereby certify that the information indicated on this report or supplemental report is true and accurate and that my electronic 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 above, or on an attachment with all other like empowered.*

**SIGNATURE:** MARK LAPRESTI

**VICE PRESIDENT**

**03/12/2020**

\_\_\_\_\_  
Electronic Signature of Signing Officer/Director Detail

\_\_\_\_\_  
Date