

2022 FLORIDA PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# P98000098839

Entity Name: SEA HORSE OCEANFRONT INN, INC.**Current Principal Place of Business:**120 ATLANTIC BLVD
NEPTUNE BEACH, FL 32266**Current Mailing Address:**PO BOX 51247
JACKSONVILLE BEACH, FL 32240 US**FEI Number:** 59-3543930**Certificate of Status Desired:** No**Name and Address of Current Registered Agent:**COLE, KATHLEEN S
203 OCEAN FRONT
NEPTUNE BEACH, FL 32266 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:** KATHLEEN S. COLE

03/09/2022

Electronic Signature of Registered Agent

Date

Officer/Director Detail :

| | |
|-----------------|------------------------|
| Title | DPST |
| Name | COLE, KATHLEEN S |
| Address | 203 OCEAN FRONT |
| City-State-Zip: | NEPTUNE BEACH FL 32266 |

| | |
|-----------------|------------------------|
| Title | VP |
| Name | COLE, WILLIAM D |
| Address | 1500 PENMAN ROAD |
| City-State-Zip: | NEPTUNE BEACH FL 32266 |

| | |
|-----------------|------------------------|
| Title | VP |
| Name | COLE, EMMA E |
| Address | 1540 PEMAN ROAD |
| City-State-Zip: | NEPTUNE BEACH FL 32266 |

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: KATHLEEN S. COLE

PRESIDENT

03/09/2022

Electronic Signature of Signing Officer/Director Detail

Date