


2008 FOR PROFIT CORPORATION ANNUAL REPORT

FILED
Mar 03, 2008 08:00 A
Secretary of State

DOCUMENT # K68139 1. Entity Name SEAGROVE PARTNERSHIP, INC.	
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Principal Place of Business 3723 EAST C30-A SEAGROVE BCH., FL 32459 US	Mailing Address 3723 EAST C30-A SEAGROVE BCH., FL 32459 US
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DO NOT WRITE IN THIS SPACE



02192008 No Chg-P CR2E034 (11/05)

4. FEI Number 59-2997199	Applied For Not Applicable
5. Certificate of Status Desired <input type="checkbox"/>	\$8.75 Additional Fee Required

6. Name and Address of Current Registered Agent

GARRETT, MARIE J.
3723 EAST C30-A
SEAGROVE BCH., FL 32459

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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 _____ (NOTE: Registered Agent signature required when restate) DATE _____

FILE NOW!!! FEE IS \$150.00 After May 1, 2008 Fee will be \$550.00	9. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/> \$5.00 May Be Added to Fees
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10. OFFICERS AND DIRECTORS

TITLE NAME STREET ADDRESS CITY-ST-ZIP	PD HARRIS, JACK P. 715 MARSTEN AVE. GLEN ELLYN, IL 60137
TITLE NAME STREET ADDRESS CITY-ST-ZIP	STD GARRETT, MARIE J. 3723 EAST C30-A SEAGROVE BCH, FL
TITLE NAME STREET ADDRESS CITY-ST-ZIP	VD SHURETTE, GARY C. P.O. BOX 1821 PELHAM, AL 35124
TITLE NAME STREET ADDRESS CITY-ST-ZIP	
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TITLE NAME STREET ADDRESS CITY-ST-ZIP	

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03/12/08-80035-010 150.00

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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:  _____
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #