


**2005 FOR PROFIT CORPORATION ANNUAL REPORT**

**FILED**  
**Feb 26, 2005 08:00 AM**  
**Secretary of State**

**DOCUMENT # L77875**  
 1. Entity Name  
**SEAVIEW VACATIONS, INC.**



Principal Place of Business      Mailing Address  
 14700 GULF BLVD.                      14700 GULF BLVD.  
 MADEIRA BEACH, FL 33708    US      MADEIRA BEACH, FL 33708    US

**DO NOT WRITE IN THIS SPACE**



01252005    No Chg-P    CR2E034 (10/03)

4. FEI Number                      Applied For  
**59-3013130**                      Not Applicable

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

6. Name and Address of Current Registered Agent  
 KING, SUSAN  
 14700 GULF BLVD.  
 MADEIRA BEACH, FL 33708

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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 \_\_\_\_\_ DATE \_\_\_\_\_  
Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when re-registering)

**FILE NOW!!! FEE IS \$150.00**  
**After May 1, 2005 Fee will be \$550.00**

9. Election Campaign Financing Trust Fund Contribution.        \$5.00 May Be Added to Fees

10. OFFICERS AND DIRECTORS

TITLE	P
NAME	CLARK, THOMAS
STREET ADDRESS	1063 LONGRUN RD
CITY-ST-ZIP	MCKEESPORT, PA 15132
TITLE	D
NAME	CLARK, THOMAS JR
STREET ADDRESS	1063 LONGRUN RD
CITY-ST-ZIP	MCKEESPORT, PA 15132
TITLE	D
NAME	KREGEL, JOHN
STREET ADDRESS	20779 KING ROAD
CITY-ST-ZIP	GARNAVILLO, IA 52049
TITLE	T
NAME	NEDENIK, LOU
STREET ADDRESS	701 D BURR OAK LN.
CITY-ST-ZIP	PROSPECT HTS, IL 60070
TITLE	S
NAME	KRAMER, LEROY
STREET ADDRESS	27685 BUTLER CENTER RD.
CITY-ST-ZIP	CLARKSVILLE, IA 50619
TITLE	VP
NAME	MCCANDLESS, TIM
STREET ADDRESS	3025 GREENE RD.
CITY-ST-ZIP	GREENE, IA 50636

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 02/26/05-80011-019 150.00

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 address, with all other like empowered.

SIGNATURE: *Tom Clark*      *2/25/05 727-392-3741*  
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR      Date      Daytime Phone #