2005 FOR PROFIT CORPORATION ANNUAL REPORT

FILED
Mar 02, 2005 08:00 AM
Secretary of State

DOCUMENT # S01906

1. Entity Name
SEABOARD SHIP MANAGEMENT INC.

Principal Place of Business	Mailing Address
1551 SAWGRASS CORP PKWY SUITE 200 SUNRISE, FL 33323 US	1551 SAWGRASS CORP PKWY SUITE 200 SUNRISE, FL 33323 US

02242005 No Chg-P CR2E034 (10/03)

DO NOT WRITE IN THIS SPACE

4. FEI Number
65-0218955
☐ Applied For
☐ Not Applicable

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

6. Name and Address of Current Registered Agent

CORPORATION SERVICE COMPANY
1201 HAYS STREET
TALLAHASSEE, FL 32301-2525

DO NOT WRITE IN THIS SPACE

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, 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	PD
NAME	BRESKY, H. HARRY
STREET ADDRESS	200 BOYLSTON ST.
CITY-ST-ZIP	CHESTNUT HILL, MA
TITLE	V
NAME	WADHWA, NARINDER
STREET ADDRESS	1551 SAWGRASS CORP PKWY SUITE 200
CITY-ST-ZIP	SUNRISE, FL 33323
TITLE	VT
NAME	EWING, DOUG
STREET ADDRESS	1551 SAWGRASS CORP PKWY SUITE 200
CITY-ST-ZIP	SUNRISE, FL 33323
TITLE	S
NAME	TUTUN, MARSHALL
STREET ADDRESS	1551 SAWGRASS CORP PKWY SUITE 200
CITY-ST-ZIP	SUNRISE, FL 33323
TITLE	CONT
NAME	WINSELMANN, KURT
STREET ADDRESS	1551 SAWGRASS CORP PKWY SUITE 200
CITY-ST-ZIP	SUNRISE, FL 33323
TITLE	
NAME	
STREET ADDRESS	
CITY-ST-ZIP	

U00000248066
03/02/05-80014-022 158.75

DO NOT WRITE IN THIS SPACE

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: Kurt Winselmann KURT WINSELMANN 2/24/05 954-858-2543
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR — Date — Daytime Phone #