2004 FOR PROFIT CORPORATION ANNUAL REPORT

DO NOT WRITE IN THIS SPACE

DOCUMENT # V47669

1. Entity Name SETON REALTY, INC.



Principal Place of Business

C/O LAURIE S TEPPERT 1801 BARRS STREET, SUITE 615 JACKSONVILLE, FL 32204 US Mailing Address

C/O LAURIE S TEPPERT 1801 BARRS STREET, SUITE 615 IACKSONVILLE, FL 32204 US

FILED Feb 16, 2004 08:00 AM Secretary of State



01162004

No Chg-P

CR2E034 (10/03)

4. FEI Number 59-3133073 Applied For Not Applicable

5. Certificate of Status Desired

\$8.75 Additional Fee Regulred

6. Name and Address of Current Registered Agent

TEPPERT, LAURIE S GENERAL COUNSEL 1801 BARRS STREET, SUITE 615 JACKSONVILLE, FL 32204

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5.01.00.44.622, 7.2.0204			M IIIO OI AGE			
8. The above the obligat	named entity submits this statement for the pions of registered agent. Signature, typed or printed name of recustored agent and title.				oth, in the State of Florida I am familiar with, and accep	íc
FILE NOW!!! FEE IS \$150.00 After May 1, 2004 Fee will be \$550.00		9. Election Campaign Financing Trust Fund Contribution. Solution Trust Fund Contribution. Trust Fund Contribution.		\$5.00 May Be	U00000051713 02/16/04_80062-017 600.00	
10.	OFFICERS AND DIREC	CTORS _				_
TITLE NAME STREET ADDRESS CITY-ST-ZIP TITLE NAME STREET ADDRESS CITY-ST-ZIP	P MAHER, JOHN J 1801 BARRS STREET, SUITE 600 JACKSONVILLE, FL 32204 VP NORMAN, JEFFREY 1800 BARRS STREET JACKSONVILLE, FL 32204					
Title Name Street address City - St - Zip	ST CORRIGAN, JAMES M 1801 BARRS STREET, SUITE 600 JACKSONVILLE, FL 32204			DO	NOT WRITE	
title Name Street address City+St-Zip	VP PERRY, KENNETH C 1800 BARRS STREET JACKSONVILLE, FL 32204	*	IN THIS SPACE			
TITLE NAME	VP PERRY, LINDA 1800 BARRS STREET					

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. Turther 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 (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 year all other like empowered.

SIGNATURE:

JACKSONVILLE, FL 32204

JACKSONVILLE, FL 32204

1801 BARRS STREET, SUITE 600

SINCLAIR, DONNA

CITY-ST-ZIP

STREET ADDRESS

CITY-ST-ZIP

TITLE NAME

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

2/12/04

(904) 308-4001