2008 FOR PROFIT CORPORATION ANNUAL REPORT

FILED
Mar 28, 2008 08:00 AM
Secretary of State

DOCUMENT # 402972

1. Entity Name
SEAGLADES INVESTMENT CO.

Principal Place of Business	Mailing Address
1528 N DIXIE HWY STE 1 LAKE WORTH, FL 33460	1528 N DIXIE HWY STE 1 LAKE WORTH, FL 33460

01112008 No Chg-P CR2E034 (11/05)

DO NOT WRITE IN THIS SPACE

4. FEI Number
59-1531826
☐ Applied For
☐ Not Applicable

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

6. Name and Address of Current Registered Agent

GRAHAM, WILLIAM J JR
1528 N DIXIE HWY STE 1
LAKE WORTH, FL 33460

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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 reinstating)

FILE NOW!!! FEE IS $150.00
After May 1, 2008 Fee will be $550.00

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

10. OFFICERS AND DIRECTORS

TITLE	PTD
NAME	GRAHAM, WILLIAM J JR
STREET ADDRESS	118 W EVANS LN
CITY-ST-ZIP	MANALADAN, FL 33462
TITLE	VTD
NAME	GRAHAM, GLORIA S
STREET ADDRESS	118 W EVANS LN
CITY-ST-ZIP	MANALAPAN, FL 33462
TITLE	VSD
NAME	POYNER, KELLY E
STREET ADDRESS	19789 CYPRESS CHASE LANE
CITY-ST-ZIP	WELLINGTON, FL 33414
TITLE	
NAME	
STREET ADDRESS	
CITY-ST-ZIP	
TITLE	
NAME	
STREET ADDRESS	
CITY-ST-ZIP	
TITLE	
NAME	
STREET ADDRESS	
CITY-ST-ZIP	

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04/10/08-80055-007 150.00

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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: _____ KELLY E POYNER 3/25/08 561 722-0551
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR — Date — Daytime Phone #