

# 2009 FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# 168984

FILED  
Jan 12, 2009  
Secretary of State

Entity Name: SEAVIEW DEVELOPMENT CORPORATION

**Current Principal Place of Business:**

407 TRITON RD  
ORMOND BEACH, FL 32176 US

**New Principal Place of Business:**

**Current Mailing Address:**

407 TRITON RD  
ORMOND BEACH, FL 32176 US

**New Mailing Address:**

FEI Number: 59-1278323

FEI Number Applied For ( )

FEI Number Not Applicable ( )

Certificate of Status Desired ( )

**Name and Address of Current Registered Agent:**

VINCENT, CLAY  
407 TRITON RD  
ORMOND BEACH, FL 32176 US

**Name and Address of New Registered Agent:**

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.

SIGNATURE: \_\_\_\_\_

Electronic Signature of Registered Agent

\_\_\_\_\_  
Date

Election Campaign Financing Trust Fund Contribution ( ).

**OFFICERS AND DIRECTORS:**

Title: VD ( ) Delete  
Name: VINCENT, CASEY M  
Address: 407 TRITON RD  
City-St-Zip: ORMOND BEACH, FL 32176P

Title: SD ( ) Delete  
Name: VINCENT, CHRISTY,  
Address: 407 TRITON RD  
City-St-Zip: ORMOND BEACH, FL

Title: PD ( ) Delete  
Name: VINCENT, CLAY,  
Address: 407 TRITON RD  
City-St-Zip: ORMOND BEACH, FL

**ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:**

Title: VD (X) Change ( ) Addition  
Name: VINCENT, CASEY M  
Address: 407 TRITON RD  
City-St-Zip: ORMOND BEACH, FL 32176

Title: SD (X) Change ( ) Addition  
Name: VINCENT, CHRISTY,  
Address: 407 TRITON RD  
City-St-Zip: ORMOND BEACH, FL 32176

Title: PD (X) Change ( ) Addition  
Name: VINCENT, CLAY,  
Address: 407 TRITON RD  
City-St-Zip: ORMOND BEACH, FL 32176

I hereby certify that the information supplied with this filing does not qualify for the exemption stated 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 electronic 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 above, or on an attachment with an address, with all other like empowered.

SIGNATURE: CLAY VINCENT

PD

01/12/2009

\_\_\_\_\_  
Electronic Signature of Signing Officer or Director

\_\_\_\_\_  
Date