

# 2005 FOR PROFIT CORPORATION ANNUAL REPORT (AR)

**FILED**

**Feb 23, 2005 08:00 AM**  
**Secretary of State**

**DOCUMENT # 258193**



1. Entity Name

FOWLER-SEABOARD, INC.

Principal Place of Business

1596 LANCASTER TERRACE  
UNIT 12 A  
JACKSONVILLE FL 32204  
US

Mailing Address

1596 LANCASTER TERRACE  
UNIT 12 A  
JACKSONVILLE FL 32204  
US

2. Principal Place of Business

3. Mailing Address

Suite, Apt #, etc.

Suite, Apt #, etc.

City & State

City & State

Zip

Country

Zip

Country

4. FEI Number

59-0967957

Applied For

Not Applicable

5. Certificate of Status Desired ☐

**\$8.75** Additional  
Fee Required

6. Name and Address of Current Registered Agent

7. Name and Address of New Registered Agent

FOWLER, L.B.  
1596 LANCASTER TERRACE  
UNIT 12 A  
JACKSONVILLE FL 32204

Name

Street Address (P.O. Box Number is Not Acceptable)

City

**FL**

Zip Code

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

Signature, typed or printed name of registered agent and title if applicable

(NOTE: Registered Agent signature required when reinstating)

DATE

**FILE NOW!!! FEE IS \$150.00**

**After May 1, 2005 Fee Will Be \$550.00**

**Make Check Payable to Florida Department of State**

9. Election Campaign Financing  
Trust Fund Contribution. ☐

**\$5.00** May Be  
Added to Fees

10. OFFICERS AND DIRECTORS

TITLE PD ☐ Delete  
NAME FOWLER, R W  
STREET ADDRESS 993 PONTE VEDRA BLVD  
CITY - ST - ZIP PONTE VEDRA BEACH FL 32004

TITLE VD ☐ Delete  
NAME FOWLER, L B  
STREET ADDRESS 1596 LANCASTER TERR UNIT 12 A  
CITY - ST - ZIP JACKSONVILLE FL 32204

TITLE SD ☐ Delete  
NAME FOWLER, CORALINE T  
STREET ADDRESS 993 PONTE VEDRA BLVD  
CITY - ST - ZIP PONTE VEDRA BEACH FL 32004

TITLE ☐ Delete  
NAME  
STREET ADDRESS  
CITY - ST - ZIP

TITLE ☐ Delete  
NAME  
STREET ADDRESS  
CITY - ST - ZIP

TITLE ☐ Delete  
NAME  
STREET ADDRESS  
CITY - ST - ZIP

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE ☐ Change ☐ Addition  
NAME  
STREET ADDRESS 1100100239843  
CITY - ST - ZIP (12/23/05-80005-024 150.00

TITLE ☐ Change ☐ Addition  
NAME  
STREET ADDRESS  
CITY - ST - ZIP

TITLE ☐ Change ☐ Addition  
NAME  
STREET ADDRESS  
CITY - ST - ZIP

TITLE ☐ Change ☐ Addition  
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STREET ADDRESS  
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TITLE ☐ Change ☐ Addition  
NAME  
STREET ADDRESS  
CITY - ST - ZIP

TITLE ☐ Change ☐ Addition  
NAME  
STREET ADDRESS  
CITY - ST - ZIP

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:

*L.B. Fowler* L.B. Fowler

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

2/20/05

Date

904  
355-8980

Daytime Phone #