

# **2005 FOR PROFIT CORPORATION AMENDED ANNUAL REPORT**

DOCUMENT# 309696

Entity Name: SEAGROVE BEACH INC

**FILED**  
**Mar 02, 2005**  
**Secretary of State**

**Current Principal Place of Business:**

2734 E. CTY HWY 30A  
SANTA ROSA BEACH, FL 32459

**New Principal Place of Business:**

3010 S CO HWY 395  
SEAGROVE BEACH, FL 32549

**Current Mailing Address:**

845 MILL ROAD  
MCDONOUGH, GA 3052

**New Mailing Address:**

845 MILL ROAD  
MCDONOUGH, GA 30253

FEI Number: 59-1150604

FEI Number Applied For ( )

FEI Number Not Applicable ( )

Certificate of Status Desired ( )

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

WRIGHT, LINDA MRS  
2734 E. CTY HWY 30 A  
SANTA ROSA BEACH, FL 32459 US

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

WRIGHT, LINDA MRS  
3010 S CO HWY 395  
SEAGROVE BEACH, FL 32549 US

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: MRS LINDA WRIGHT

03/02/2005

Electronic Signature of Registered Agent

Date

**OFFICERS AND DIRECTORS:**

Title: P ( ) Delete  
Name: WRIGHT, LINDA MRS  
Address: 845 MILL ROAD  
City-St-Zip: MCDONOUGH, GA 30253

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

Title: ( ) Change ( ) Addition  
Name:  
Address:  
City-St-Zip:

I hereby certify that the information supplied with this filing does not qualify for the 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 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: MRS LINDA WRIGHT

P

03/02/2005

Electronic Signature of Signing Officer or Director

Date