

**2005 FOR PROFIT CORPORATION  
ANNUAL REPORT**

**FILED**  
**Feb 28, 2005 8:00 am**  
**Secretary of State**

02-28-2005 90202 001 \*\*\*150.00

**DOCUMENT # 402972**

1. Entity Name  
**SEAGLADES INVESTMENT CO.**



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

Mailing Address  
**1528 N DIXIE HWY STE 1  
LAKE WORTH, FL 33460**

**DO NOT WRITE IN THIS SPACE**



02072005 No Chg-P CR2E034 (10/03)

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**

**DO NOT WRITE  
IN THIS SPACE**

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**

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	KELLY ELIZABETH POYNER
STREET ADDRESS	19701 CYPRESS CHASE LANE
CITY - ST - ZIP	WELLINGTON, FL 33414
TITLE	
NAME	
STREET ADDRESS	
CITY - ST - ZIP	
TITLE	
NAME	
STREET ADDRESS	
CITY - ST - ZIP	

**DO NOT WRITE  
IN THIS SPACE**

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:** \_\_\_\_\_

**WILLIAM J. GRAHAM, JR.**  
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

**2-22-05 561-714-5679**

Date

Daytime Phone #