

2008 FOR PROFIT CORPORATION ANNUAL REPORT (AR)

FILED
Feb 12, 2008 8:00 am
Secretary of State

02-12-2008 90015 025 ***150.00

DOCUMENT # 648896

1. Entity Name

THE SEALE FAMILY, INC.



Principal Place of Business

430 E RAILROAD AVE
BOCA GRANDE FL 33921
US

Mailing Address

P.O. DRAWER 1446
BOCA GRANDE FL 33921



2. Principal Place of Business - No P.O. Box #

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

Zip

Country

Zip

Country

1st MOORE

CR2E034 (10/07)

4. FEI Number **59-2034839**

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

FARR, EARL D JR
99 NESBIT AVE.
PUNTA GORDA FL 33950

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, 2008 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

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE PD
NAME PATERSON, REBECCA
STREET ADDRESS 1660 16TH STREET
CITY-ST-ZIP BOCA GRANDE FL 33921-0325

☐ Delete

TITLE PD
NAME PATERSON, REBECCA
STREET ADDRESS 890 EAST RAILROAD AVE
CITY-ST-ZIP BOCA GRANDE, FL 33921-0325

☒ Change ☐ Addition

TITLE VSD
NAME SCHWEGMAN, JACQUELINE W
STREET ADDRESS 320 GULF BLVD, APT 3E
CITY-ST-ZIP BOCA GRANDE FL 33921-0601

☐ Delete

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP

☐ Change ☐ Addition

TITLE VTD
NAME SEALE, J. EDWARD
STREET ADDRESS 1510 EAST RAILROAD AVE.
CITY-ST-ZIP BOCA GRANDE FL 33921-0216

☐ Delete

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP

☐ Change ☐ Addition

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CITY-ST-ZIP

☐ Change ☐ Addition

12. I hereby certify that the information supplied with this filing does not qualify for the exemptions contained in Section 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: *Jacqueline W. Schwegman*
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

2/4/08 941-964-0333
Date Daytime Phone #