

# 2006 FOR PROFIT CORPORATION ANNUAL REPORT (AR)

FILED

Jan 27, 2006 08:00 AM  
Secretary of State

DOCUMENT # 829471

1. Entity Name

SEAGO GROUP, INC.



Principal Place of Business  
3440 MARINATOWN LANE NW  
NORTH FT MYERS FL 33903

Mailing Address  
3440 MARINATOWN LANE NW  
NORTH FT MYERS FL 33903



2. Principal Place of Business

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

1st MOORE

CR2E034 (10/05)

City & State

City & State

4. FEI Number  
36-6063203

Applied For

Not Applicable

Zip

Country

Zip

Country

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

HOOLIHAN, THOMAS P.  
3440 MARINATOWN LANE N.W.  
NORTH FORT MYERS FL 33803

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, 2006 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 ☐ Delete  
NAME HOOLIHAN, THOMAS P.  
STREET ADDRESS 3440 MARINATOWN LANE NW  
CITY-ST-ZIP N FT. MYERS FL

TITLE ☐ Change ☐ Add  
NAME ☐ Change ☐ Add  
STREET ADDRESS 02/07/06-80045-014 150.00  
CITY-ST-ZIP

TITLE VPD ☐ Delete  
NAME HOOLIHAN, THOMAS JR.  
STREET ADDRESS 3440 MARINATOWN LANE NW  
CITY-ST-ZIP N FT. MYERS FL

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

TITLE ☐ Delete  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

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

TITLE ☐ Delete  
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TITLE ☐ Change ☐ Add  
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TITLE ☐ Change ☐ Add  
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STREET ADDRESS  
CITY-ST-ZIP

TITLE ☐ Delete  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

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

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 *Thomas P. Hoolihan*  
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #