

# 2004 FOR PROFIT CORPORATION ANNUAL REPORT (AR)

**FILED**  
**Jan 29, 2004 8:00 am**  
**Secretary of State**

01-29-2004 90084 039 \*\*\*150.00

**DOCUMENT # F00000001442**

1. Entity Name

SEABOARD UNDERWRITERS, INC.



Principal Place of Business

2563 ERIC LANE STE., K  
BURLINGTON NC 27215

Mailing Address

PO BOX 1478  
BURLINGTON NC 27216-1478

2. Principal Place of Business *Feb 2/20/04*

3035 S. Church St.

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

Burlington, NC

City & State

4. FEI Number

56-2051233

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

C T CORPORATION SYSTEM  
1200 SOUTH PINE ISLAND ROAD  
PLANTATION FL 33324

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, 2004 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	P	<input type="checkbox"/> Delete
NAME	HUTELMYER, JOSEPH P	
STREET ADDRESS	3226 HERITAGE LANE	
CITY-ST-ZIP	BURLINGTON NC 27215	
TITLE	VS	<input checked="" type="checkbox"/> Delete
NAME	HOGAN JR, JAMES P	
STREET ADDRESS	712 TARLETON AVENUE	
CITY-ST-ZIP	BURLINGTON NC 27215	
TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE	CEO + Director	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME	Steve DeCarlo	
STREET ADDRESS	4064 Colony Rd, Ste 450	
CITY-ST-ZIP	Charlotte, NC 28211	
TITLE	VP + Sec + Director	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME	Scott Purviance	
STREET ADDRESS	4064 Colony Rd, Ste 450	
CITY-ST-ZIP	Charlotte, NC 28211	
TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Change <input type="checkbox"/> 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:**

*Joseph P. Hutelmyer* Joseph P. Hutelmyer

Date

1/22/04

Daytime Phone #

336-229-1324 x222