

**2005 FOR PROFIT CORPORATION  
ANNUAL REPORT**

**FILED**  
**Jan 10, 2005 08:00 AM**  
**Secretary of State**

**DOCUMENT # F00000001442**

1. Entity Name  
**SEABOARD UNDERWRITERS, INC.**



Principal Place of Business

3035 S CHURCH ST.  
BURLINGTON, NC 27215

Mailing Address

PO BOX 1478  
BURLINGTON, NC 27216-1478



01052005 No Chg-P CR2E034 (10/03)

**DO NOT WRITE IN THIS SPACE**

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

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

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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	P
NAME	HUTELMYER, JOSEPH P
STREET ADDRESS	3226 HERITAGE LANE
CITY-ST-ZIP	BURLINGTON, NC 27215
TITLE	CEO
NAME	DE CARLO, STEVE
STREET ADDRESS	4064 COLONY RD., STE. 450
CITY-ST-ZIP	CHARLOTTE, NC 28211
TITLE	VSD
NAME	PURVIANCE, SCOTT
STREET ADDRESS	4064 COLONY RD., STE. 450
CITY-ST-ZIP	CHARLOTTE, NC 28211
TITLE	
NAME	
STREET ADDRESS	
CITY-ST-ZIP	
TITLE	
NAME	
STREET ADDRESS	
CITY-ST-ZIP	

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01/10/05-80092-022 158.75

**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)(f), 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*  
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

*1/5/04*  
Date

*336-229-1324*  
Daytime Phone #