


2006 FOR PROFIT CORPORATION ANNUAL REPORT

FILED
Jan 25, 2006 8:00 am
Secretary of State

01-25-2006 90029 017 ***150.00

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		
2. Principal Place of Business 3035 South Church St.			3. Mailing Address P.O. Box 1478		
Suite, Apt. #, etc.			Suite, Apt. #, etc.		
City & State Burlington, NC		City & State Burlington, NC		4. FEI Number 56-2051233	
Zip 27215		Country USA		5. Certificate of Status Desired <input type="checkbox"/> \$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		7. Name and Address of New Registered Agent			
		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 _____ (NOTE: Registered Agent signature required when reinstating) DATE _____					
FILE NOW!!! FEE IS \$150.00; After May 1, 2006 Fee will be \$550.00		9. Election Campaign Financing <input type="checkbox"/> \$5.00 May Be Added to Fees			
10. OFFICERS AND DIRECTORS			11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11		
TITLE P	NAME HUTELMYER, JOSEPH P		<input type="checkbox"/> Delete		
STREET ADDRESS 3226 HERITAGE LANE	CITY-ST-ZIP BURLINGTON, NC 27215		<input type="checkbox"/> Change <input type="checkbox"/> Addition		
TITLE CEOD	NAME DE CARLO, STEVE		<input type="checkbox"/> Delete		
STREET ADDRESS 4064 COLONY RD., STE. 450	CITY-ST-ZIP CHARLOTTE, NC 28211		<input type="checkbox"/> Change <input type="checkbox"/> Addition		
TITLE VSD	NAME PURVIANCE, SCOTT		<input type="checkbox"/> Delete		
STREET ADDRESS 4064 COLONY RD., STE. 450	CITY-ST-ZIP CHARLOTTE, NC 28211		<input type="checkbox"/> Change <input type="checkbox"/> Addition		
TITLE 	NAME 		<input type="checkbox"/> Delete		
STREET ADDRESS 	CITY-ST-ZIP 		<input type="checkbox"/> Change <input type="checkbox"/> Addition		
TITLE 	NAME 		<input type="checkbox"/> Delete		
STREET ADDRESS 	CITY-ST-ZIP 		<input type="checkbox"/> Change <input type="checkbox"/> Addition		
TITLE 	NAME 		<input type="checkbox"/> Delete		
STREET ADDRESS 	CITY-ST-ZIP 		<input type="checkbox"/> Change <input type="checkbox"/> Addition		
12. I hereby certify that the information supplied with this filing does not qualify for the exemptions contained in Chapter 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: <i>Joseph P. Hutelmyer</i>			1/9/06 336-229-1324		
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR			Date Daytime Phone #		