


**2008 FOR PROFIT CORPORATION
ANNUAL REPORT**

FILED
Jan 23, 2008 08:00 AM
Secretary of State

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| DOCUMENT # F00000006821 1. Entity Name SEAPORT ASSOCIATES, INC. |  |
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| Principal Place of Business 3930 RCA BLVD SUITE 3009 PALM BEACH, FL 33410 | Mailing Address 3930 RCA BLVD SUITE 3009 PALM BEACH, FL 33410 |
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DO NOT WRITE IN THIS SPACE



01142008 No Chg-P CR2E034 (11/05)

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| 4. FEI Number 54-1445148 | Applied For <input type="checkbox"/> Not Applicable |
| 5. Certificate of Status Desired <input type="checkbox"/> \$8.75 Additional Fee Required | |

6. Name and Address of Current Registered Agent

STRUDER, GARY L
108 VINTAGE ISLE LANE
PALM BEACH GARDENS, FL 33418

**DO NOT WRITE
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 Gary L. Struder 1/17/08
Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating) DATE

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| FILE NOW!!! FEE IS \$150.00 After May 1, 2008 Fee will be \$550.00 | 9. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/> \$5.00 May Be Added to Fees |
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10. OFFICERS AND DIRECTORS

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|--|---|
| TITLE NAME STREET ADDRESS CITY-ST-ZIP | P STRUDER, GARY L 108 VINTAGE ISLE LN. PALM BEACH GARDENS, FL 33418 |
| TITLE NAME STREET ADDRESS CITY-ST-ZIP | O MCCARTHY, ROBYNE 12403 185TH ST NORTH JUPITER, FL 33478 |
| TITLE NAME STREET ADDRESS CITY-ST-ZIP | O RODGERS, SUZANNE 6051 SEMINOLE GARDENS CIR RIVIERA BEACH, FL 33418 |
| TITLE NAME STREET ADDRESS CITY-ST-ZIP | |
| TITLE NAME STREET ADDRESS CITY-ST-ZIP | |
| TITLE NAME STREET ADDRESS CITY-ST-ZIP | |

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01/23/08-80105-012 150.00

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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: Suzanne Rodgers Suzanne Rodgers 1/17/08 561 799 3330
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #