

2007 FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# F02000001909

FILED
Mar 05, 2007
Secretary of State

Entity Name: SEAGULL ENTERPRISES, INC.

Current Principal Place of Business:

4005 ROYAL DRIVE
SUITE 400
KENNESAW, GA 30144

New Principal Place of Business:

Current Mailing Address:

4005 ROYAL DRIVE
SUITE 400
KENNESAW, GA 30144

New Mailing Address:

FEI Number: 75-2265288

FEI Number Applied For ()

FEI Number Not Applicable ()

Certificate of Status Desired ()

Name and Address of Current Registered Agent:

RUSSO, JOHN B
8416 LAUREL FAIR CIRCLE
SUITE 104
TAMPA, FL 33610 US

Name and Address of New Registered Agent:

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.

SIGNATURE:

Electronic Signature of Registered Agent

Date

Election Campaign Financing Trust Fund Contribution ().

OFFICERS AND DIRECTORS:

Title: PD () Delete
Name: KOBRIN, JAY L
Address: 4005 ROYAL DRIVE, SUITE 400
City-St-Zip: KENNESAW, GA 30144

Title: V () Delete
Name: LEADINGHAM, KEN W
Address: 4005 ROYAL DRIVE, SUITE 400
City-St-Zip: KENNESAW, TX 30144

Title: ST () Delete
Name: MCALEER, STEPHEN M
Address: 4005 ROYAL DRIVE, SUITE 400
City-St-Zip: KENNESAW, GA 30144

Title: V () Delete
Name: RUSSO, JOHN B
Address: 8416 LAUREL FAIR CIRCLE, SUITE 104
City-St-Zip: TAMPA, FL 33610

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

Title: () Change () Addition
Name:
Address:
City-St-Zip:

Title: () Change () Addition
Name:
Address:
City-St-Zip:

Title: () Change () Addition
Name:
Address:
City-St-Zip:

Title: () Change () Addition
Name:
Address:
City-St-Zip:

I hereby certify that the information supplied with this filing does not qualify for the for the exemption stated 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 electronic 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 above, or on an attachment with an address, with all other like empowered.

SIGNATURE: STEPHEN M MCALEER

ST

03/05/2007

Electronic Signature of Signing Officer or Director

Date