

**2008 FOR PROFIT CORPORATION  
ANNUAL REPORT**

**FILED**  
**Apr 22, 2008 08:00 AM**  
**Secretary of State**

**DOCUMENT # F94000005262**

1. Entity Name  
**SEAMAN OAKLAND PARK REALTY CORP.**



Principal Place of Business  
**11540 HIGHWAY 92 EAST  
SEFFNER, FL 33584**

Mailing Address  
**11540 HIGHWAY 92 EAST  
SEFFNER, FL 33584**



03312008 No Chg-P CR2E034 (11/05)

**DO NOT WRITE IN THIS SPACE**

4. FEI Number <b>59-3125133</b>	Applied For <input type="checkbox"/>
5. Certificate of Status Desired <input type="checkbox"/>	<b>\$8.75</b> Additional Fee Required

**6. Name and Address of Current Registered Agent**

**BEYER, DAVID A  
C/O RUDNICK & WOLFE  
101 EAST KENNEDY BLVD, SUITE 2000  
TAMPA, FL 33602-5133**

**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

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, 2008 Fee will be \$550.00**

9. Election Campaign Financing  
Trust Fund Contribution. ☐

**\$5.00** May Be  
Added to Fees

**U000000913761  
05/08/08-80028-024 150.00**

**10. OFFICERS AND DIRECTORS**

TITLE NAME STREET ADDRESS CITY-ST-ZIP	PD SEAMAN, JEFFREY 11540 HIGHWAY 92 EAST SEFFNER, FL 33584
TITLE NAME STREET ADDRESS CITY-ST-ZIP	ST STEIN, LEWIS 3301 BAYSHORE BLVD., SUITE 2306 TAMPA, FL 33629
TITLE NAME STREET ADDRESS CITY-ST-ZIP	V FINKEL, JEFFREY 3301 BAYSHORE BLVD., SUITE 2306 TAMPA, FL 33629
TITLE NAME STREET ADDRESS CITY-ST-ZIP	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	

**DO NOT WRITE  
IN THIS SPACE**

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:**

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

*Lewis Stein Sen*

*4/18/08 8736235400*