


2006 FOR PROFIT CORPORATION ANNUAL REPORT

FILED
Feb 21, 2006 8:00 am
Secretary of State

02-21-2006 90011 021 ***150.00

DOCUMENT # H02127 1. Entity Name SEABURN & ASSOCIATES, INC.	
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Principal Place of Business 800 N HIGHWAY 434 STE 1 ALTAMONTE SPRINGS, FL 32714	Mailing Address 800 N HIGHWAY 434 STE 1 ALTAMONTE SPRINGS, FL 32714
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DO NOT WRITE IN THIS SPACE

60019980



01032006 No Chg-P CR2E034 (11/05)

4. FEI Number 59-2417576	Applied For Not Applicable
5. Certificate of Status Desired <input type="checkbox"/> \$8.75 Additional Fee Required	

6. Name and Address of Current Registered Agent SEABURN, DOUGLAS S. 800 N. HWY 434 STE. 1 ALTAMONTE SPRINGS, FL 32714	DO NOT WRITE IN THIS SPACE
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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 _____
Signature, typed or printed name of registered agent and title if applicable.

FILE NOW!!! FEE IS \$150.00 After May 1, 2006 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	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	DPST SEABURN, DOUGLAS S. 3509 HOLIDAY AVE. APOPKA, FL
TITLE NAME STREET ADDRESS CITY-ST-ZIP	DVP SEABURN, JR. DONALD F. 8582 PTARMIGAN KIRKLAND, OH
TITLE NAME STREET ADDRESS CITY-ST-ZIP	
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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: 	Date: 2/17/06	Daytime Phone #: 4077747400
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR		