

**2007 FOR PROFIT CORPORATION
ANNUAL REPORT**

FILED
Jan 22, 2007 08:00 AM
Secretary of State

DOCUMENT # H02127

1. Entity Name
SEABURN & ASSOCIATES, INC.



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



01032007 No Chg-P CR2E034 (11/05)

DO NOT WRITE IN THIS SPACE

4. FEI Number
59-2417576

Applied For
Not Applicable

5. Certificate of Status Desired ☐ \$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**

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, 2007 Fee will be \$550.00

9. Election Campaign Financing
Trust Fund Contribution. ☐ \$5.00 May Be
Added to Fees

000000597790
01/24/07-80049-020 150.00

10. OFFICERS AND DIRECTORS

TITLE	DPST
NAME	SEABURN, DOUGLAS S.
STREET ADDRESS	3509 HOLIDAY AVE.
CITY-ST-ZIP	APOPKA, FL
TITLE	DVP
NAME	SEABURN, JR. DONALD F.
STREET ADDRESS	8582 PTARMIGAN
CITY-ST-ZIP	KIRKLAND, OH
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

1/17/07 4077747400
Date Daytime Phone