## 2009 FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# H77698

FILED Jan 14, 2009 Secretary of State

Entity Name: SEABOARD ARBORS MANAGEMENT SERVICES, INC.

**Current Principal Place of Business: New Principal Place of Business:** 

2189 CLEVELAND STREET, SUITE 225 2189 CLEVELAND STREET CLEARWATER, FL 33765

SUITE 225

CLEARWATER, FL 33765

**Current Mailing Address:** New Mailing Address:

2189 CLEVELAND STREET, SUITE 225 2189 CLEVELAND STREET CLEARWATER, FL 33765 SUITE 225

CLEARWATER, FL 33765

FEI Number: 59-2581021 FEI Number Applied For ( ) FEI Number Not Applicable ( ) Certificate of Status Desired ( )

Name and Address of Current Registered Agent: Name and Address of New Registered Agent:

LEIGHTON, LENNARD A LEIGHTON, LENNARD A 2189 CLEVELAND STREET, SUITE 225 2189 CLEVELAND STREET

CLEARWATER, FL 33765 SUITE 225 CLEARWATER, FL 33765 US

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: 01/14/2009

> Electronic Signature of Registered Agent Date

Election Campaign Financing Trust Fund Contribution ( ).

## **OFFICERS AND DIRECTORS:**

## ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

Title: ( ) Delete Title: (X) Change ( ) Addition

WARD, JACOB B., Name: Name: WARD, ETTIE.,

3388 WAYNE AVENUE 2500 JOHNSON AVE. APT G19 Address: Address: BRONX NY **BRONX. NY 10463** 

City-St-Zip: City-St-Zip:

Title: PD Title: PD (X) Change ( ) Addition () Delete

Name: DOMBER.MATTHEW J. Name: DOMBER.MATTHEW J. 6121 PALMA DEL MAR #128 6121 PALMA DEL MAR #128 Address: Address: ST. PETERSBURG, FL ST. PETERSBURG, FL 33715 City-St-Zip: City-St-Zip:

Title: Title: ( ) Delete () Change () Addition

LEIGHTON, LENNARD A Name: Name: 2951 SWEETGUM WAY S. Address: Address: City-St-Zip: CLEARWATER, FL City-St-Zip:

Title: () Delete Title: (X) Change ( ) Addition GEISLER, DOROTHY A ASS'T FLORCZYK, CLAUDIA ASS'T Name: Name: Address: 3700 PREAKNESS PLACE #1605 Address: 10 VALENCIA DIRCLE City-St-Zip: PALM HARBOR, FL 34684 City-St-Zip: SAFETY HARBOR, FL 34695

I hereby certify that the information supplied with this filing does not qualify 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.

VΡ SIGNATURE: LENNARD A. LEIGHTON 01/14/2009