

# **2010 FOR PROFIT CORPORATION AMENDED ANNUAL REPORT**

DOCUMENT# J00202

**FILED**  
**Jun 17, 2010**  
**Secretary of State**

**Entity Name:** SEALUND & ASSOCIATES CORPORATION

**Current Principal Place of Business:**

450 CARILLON PARKWAY  
SUITE 100  
ST. PETERSBURG, FL 33716 US

**New Principal Place of Business:**

**Current Mailing Address:**

450 CARILLON PARKWAY  
SUITE 100  
ST. PETERSBURG, FL 33716 US

**New Mailing Address:**

**FEI Number:** 59-2645438      **FEI Number Applied For ( )**      **FEI Number Not Applicable ( )**      **Certificate of Status Desired ( )**

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

SEALUND, BARBARA B  
1920 CAROLINA AVENUE NE  
ST. PETERSBURG, FL 33703 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

**OFFICERS AND DIRECTORS:**

Title: DPC  
Name: SEALUND, BARBARA B  
Address: 1920 CAROLINA AVENUE NE  
City-St-Zip: ST. PETERSBURG, FL 33703

Title: V  
Name: SEALUND, PHILIP T III  
Address: 1920 CAROLINA AVENUE NE  
City-St-Zip: ST. PETERSBURG, FL 33703

I hereby 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 all other like empowered.

SIGNATURE: BARBARA SEALUND

DPC

06/17/2010

\_\_\_\_\_  
Electronic Signature of Signing Officer or Director

\_\_\_\_\_  
Date