


**2004 FOR PROFIT CORPORATION .  
ANNUAL REPORT**

**FILED**  
**Jan 26, 2004 8:00 am**  
**Secretary of State**

01-26-2004 90013 017 \*\*\*150.00

<b>DOCUMENT # J15169</b>					
1. Entity Name SEAFLAME, INC.					
Principal Place of Business 2601 HAVENDALE BLVD. WINTER HAVEN, FL 33881-1825			Mailing Address 2601 HAVENDALE BLVD. WINTER HAVEN, FL 33881-1825		
2. Principal Place of Business		3. Mailing Address			
Suite, Apt. #, etc.		Suite, Apt. #, etc.			
City & State		City & State		4. FEI Number 59-2675809	
Zip		Country		5. Certificate of Status Desired <input type="checkbox"/> \$8.75 Additional Fee Required	
6. Name and Address of Current Registered Agent			7. Name and Address of New Registered Agent		
HOVARDAS, PAUL J 2601 HAVENDALE BLVD. WINTER HAVEN, FL 33881-1825			Name		
			Street Address (P.O. Box Number is Not Acceptable)		
			City		FL
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 _____ DATE _____ <small>Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating)</small>					
<b>FILE NOW!!! FEE IS \$150.00 After May 1, 2004 Fee will be \$550.00</b>		9. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/> \$5.00 May Be Added to Fees			
10. OFFICERS AND DIRECTORS			11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11		
TITLE	SD <input type="checkbox"/> Delete	TITLE	V/S/D <input checked="" type="checkbox"/> Change <input checked="" type="checkbox"/> Addition		
NAME	HOUVARDAS, JOHN P	NAME	Houvardas, John P.		
STREET ADDRESS	200 AVENUE K, S.E.	STREET ADDRESS	2601 Havendale Blvd.		
CITY-ST-ZIP	WINTER HAVEN, FL 33880	CITY-ST-ZIP	Winter Haven, Florida 33881-1825		
TITLE	<input type="checkbox"/> Delete	TITLE	P/D <input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition		
NAME		NAME	Houvardas, Paul J.		
STREET ADDRESS		STREET ADDRESS	2601 Havendale Blvd.		
CITY-ST-ZIP		CITY-ST-ZIP	Winter Haven, Florida 33881-1825		
TITLE	<input type="checkbox"/> Delete	TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition		
NAME		NAME			
STREET ADDRESS		STREET ADDRESS			
CITY-ST-ZIP		CITY-ST-ZIP			
TITLE	<input type="checkbox"/> Delete	TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition		
NAME		NAME			
STREET ADDRESS		STREET ADDRESS			
CITY-ST-ZIP		CITY-ST-ZIP			
TITLE	<input type="checkbox"/> Delete	TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition		
NAME		NAME			
STREET ADDRESS		STREET ADDRESS			
CITY-ST-ZIP		CITY-ST-ZIP			
12. I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Section 119.07(3)(i), 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: <u>Paul Houvardas</u>		Date: <u>January 22, 2004</u>		Daytime Phone # _____	
<small>SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR</small>					