


# 2005 FOR PROFIT CORPORATION ANNUAL REPORT

**FILED**  
**Aug 26, 2005 8:00 am**  
**Secretary of State**

08-26-2005 90002 008 \*\*\*150.00

<b>DOCUMENT # J15169</b> 1. Entity Name <b>SEAFLAME, INC.</b>					
Principal Place of Business <b>2601 HAVENDALE BLVD. WINTER HAVEN, FL 33881-1825</b>			Mailing Address <b>2601 HAVENDALE BLVD. WINTER HAVEN, FL 33881-1825</b>		
2. Principal Place of Business		3. Mailing Address			
Suite, Apt. #, etc.		Suite, Apt. #, etc.			
City & State		City & State			
Zip	Country	Zip	Country	4. FEI Number <b>59-2675809</b>	
5. Certificate of Status Desired <input type="checkbox"/>				Applied For <input type="checkbox"/> Not Applicable	
6. Name and Address of Current Registered Agent  <b>HOUVARDAS, PAUL J 2601 HAVENDALE BLVD. WINTER HAVEN, FL 33881-1825</b>				7. Name and Address of New Registered Agent Name Street Address (P.O. Box Number is Not Acceptable) City <span style="float: right;"><b>FL</b></span> Zip Code	
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 _____					
<b>FILE NOW!!! FEE IS \$150.00 Due by September 7, 2005</b>		9. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/>		<b>\$5.00 May Be Added to Fees</b>	
In accordance with s. 607.193(2)(b), F.S., the corporation did not receive the prior notice.					
10. OFFICERS AND DIRECTORS			11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11		
TITLE	VSD		TITLE		
NAME	HOUVARDAS, JOHN P		NAME		
STREET ADDRESS	2601 HAVENDALE BLVD		STREET ADDRESS		
CITY-ST-ZIP	WINTER HAVEN, FL 338811825		CITY-ST-ZIP		
TITLE	PD		TITLE		
NAME	HOUVARDAS, PAUL J		NAME		
STREET ADDRESS	2601 HAVENDALE BLVD		STREET ADDRESS		
CITY-ST-ZIP	WINTER HAVEN, FL 338811825		CITY-ST-ZIP		
TITLE			TITLE		
NAME			NAME		
STREET ADDRESS			STREET ADDRESS		
CITY-ST-ZIP			CITY-ST-ZIP		
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TITLE			TITLE		
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.					
<b>SIGNATURE:</b> _____			8-23-05		
SIGNATURE AND TYPE OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR			Date		
			Daytime Phone #		