## 2005 FOR PROFIT CORPORATION ANNUAL REPORT

FILED
Apr 01, 2005 08:00 AM
Secretary of State

| ANNUAL R  | EPORT  | Secretary of State   |
|---|--|--|
| DOCUMENT # J27125  1. Enlity Name SEAY CONSTRUCTION, INC.   |  | Secretary or state   |
| 4340 SHERBORNE RD 43  | ailing Address<br>340 SHERBORNE RD<br>ALLAHASSEE, FL 32303-7608 US               | I FRUSKUJU USKRI IJUSK JERUSK JOSU KORUK ANIK UKRAJ                                  |
| DO NOT WRITE IN   |  | 03312005 No Chg-P CR2E034 (10/03)  4. FEI Number   |
| 6. Name and Address of Current Registr<br>HARTSFIELD, PAUL F., JR.<br>4913 NORTH MONROE<br>TALLAHASSEE, FL 32303  | erod Agent   | DO NOT WRITE<br>IN THIS SPACE  |
| 8. The above named entity submits this statement for the put the obligations of registered agent.  SIGNATURE  Signature, typed or printed name of registered agent and dits if  FILE NOWILL FEE IS \$150,00  After May 1, 2005 Fee will be \$550,00 | applicable (NOTE Registered Agent signature requ  9. Election Campaign Financing | stered agent, or both, in the State of Florida. I am familiar with, and accept  Lifed when reinstating)  DATE  \$5.00 May Be Added to Fees |
| 10. OFFICERS AND DIRECTIFIE  NAME SEAY, KENNETH B.  STREET ADDRESS  CITY-ST-ZIP TALLAHASSEE, FL 32303  TITLE S  NAME PRINCE, EILEEN S.  STREET ADDRESS  CITY-ST-ZIP TALLAHASSEE, FL 32303  TITLE NAME  STREET ADDRESS                               | TORS   | U00000283298<br>04/01/05-80021-016 1 <u>50</u> .00   |
| CITY-ST-ZIP  ITTLE  NAME STREET ADDRESS CITY-ST-ZIP  TITLE  NAME STREET ADDRESS CITY-ST-ZIP  TITLE  NAME STREET ADDRESS CITY-ST-ZIP  TITLE  NAME STREET ADDRESS   |  | IN THIS SPACE  |

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 shalf 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: 🕹 | ilam France                 | Ej               | Secretary<br>leen S. Prince. | 3-31-05 | 850-562-6763    |
|--------------|-----------------------------|------------------|------------------------------|---------|-----------------|
|              | SIGNATURE AND TYPED OR PRIN | ITED NAME OF SIG | NING OFFICER OR DIRECTOR     | Date -  | Daytims Phone # |
|              |                             |                  |                              |         |                 |