

2004 FOR PROFIT CORPORATION ANNUAL REPORT

FILED
Aug 30, 2004 8:00 am
Secretary of State

08-30-2004 90001 029 ***150.00

DOCUMENT # J42262

1. Entity Name
SEABYRD SIGNS, INC.



Principal Place of Business
**9130 STATE ROAD 52
HUDSON, FL 34669-3027**

Mailing Address
**9130 STATE ROAD 52
HUDSON, FL 34669-3027**

54070572



2. Principal Place of Business

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

08132004

Chg-P

CR2E034 (10/03)

City & State

City & State

4. FEI Number

59-2742028

Applied For

Not Applicable

Zip

Country

Zip

Country

5. Certificate of Status Desired

☐ **\$8.75 Additional
Fee Required**

6. Name and Address of Current Registered Agent

7. Name and Address of New Registered Agent

**JULIA, JULIA L
9130 SR 52
HUDSON, FL 34669**

Name **CARMEN PASSARELLA**

Street Address (P.O. Box Number is Not Acceptable)

7306 OSTEEN ROAD

City **New Port Richey FL**

Zip Code **34653**

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

Signature, typed or printed name of registered agent and title if applicable.

(NOTE: Registered Agent signature required when reinstating)

DATE

**FILE NOW!!! FEE IS \$150.00
Due by September 8, 2004**

9. Election Campaign Financing
Trust Fund Contribution.

☐ **\$5.00 May Be
Added to Fees**

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
NAME **PST** ☒ Delete
STREET ADDRESS **JULIA, JULIA L**
CITY-ST-ZIP **9130 SR 52
HUDSON, FL 34669**

TITLE **President/Sec/DIRECTOR** ☒ Change ☐ Addition
NAME **CARMEN PASSARELLA**
STREET ADDRESS **7306 OSTEEN ROAD**
CITY-ST-ZIP **New Port Richey, FL 34653**

TITLE
NAME ☐ Delete
STREET ADDRESS
CITY-ST-ZIP

TITLE
NAME ☐ Change ☐ Addition
STREET ADDRESS
CITY-ST-ZIP

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TITLE
NAME ☐ Change ☐ Addition
STREET ADDRESS
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 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: **Carmen Passarella** **President/Director** **8/25/04** **(727) 842-8121**
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #
Secretary

Attachment
54070572
Doc. # J42262

SEABYRD SIGNS, INC.

August 1, 2004

Florida Department of State
Secretary of State
Glenda E. Hood
Division of Corporations
P.O. Box 6327
Tallahassee, FL 32314

Dear Ms. Hood,

I am sending this letter in reference to a post card we received about intent to dissolve our corporation.

We have not received in the past 6 months any requests for information about this corporation. I have enclosed a copy of a death certificate for the owner, Julia L. Julia, who passed away in November of 2003. The only thing we can think of is that the information or requests were misplaced during the probate confusion.

The corporation still remains as it was started, but now held in trust. The president, secretary and director is Carmen Passarella.

We are asking that the penalty be waived and the information be resent so we can pay the yearly fee.

Thank you in advance for your assistance in this matter and I look forward to settling this matter.

Sincerely,



Edna J. Hackett
Office Manager



FLORIDA DEPARTMENT OF STATE
Glenda E. Hood
Secretary of State

August 13, 2004

SEABYRD SIGNS, INC.
9130 STATE ROAD 52
HUDSON, FL 34669-3027

SUBJECT: SEABYRD SIGNS, INC.
Ref. Number: J42262

Thank you for your correspondence of August 1, 2004, which has been forwarded to me for response.

The fee to file the enclosed profit annual report is \$150.00. If a certificate of status is desired, please add an additional \$8.75.

The only provision the Division of Corporations has for waiver of the \$400.00 late fee is if the annual report notice was not received. A letter stating this fact must accompany the completed annual report.

TO AVOID THE ADMINISTRATIVE DISSOLUTION/REVOCATION, PLEASE RETURN THE CORRECTED REPORT TO THIS OFFICE WITHIN 30 DAYS OF THE DATE OF THIS LETTER.

If you have any questions concerning the filing of your document, please call (850) 245-6059.

Tina Roberts
Document Specialist

Letter Number: 504A00050262

STATE OF FLORIDA

OFFICE of VITAL STATISTICS

CERTIFIED COPY

CERTIFICATE OF DEATH
FLORIDATYPE OR
PRINT IN
PERMANENT
BLACK INK

LOCAL FILE NO.		1. DECEDENT'S NAME First: Julia, Middle: L., Last: Julia		2. SEX Female	
3. DATE OF DEATH (Month, Day, Year) November 23, 2003		4. SOCIAL SECURITY NUMBER 263-81-4881		5a. AGE Last Birthday 36	5b. UNDER 1 YEAR Months: Days: Hours: Minutes:
6. DATE OF BIRTH (Month, Day, Year) January 29, 1967		7. BIRTHPLACE (City and State or Foreign Country) Palos Hills, Illinois		8. WAS DECEDENT EVER IN U.S. ARMY FORCES? (Yes or No) No	
9a. PLACE OF DEATH (Check only one; see instructions on other side) HOSPITAL: Inpatient ER Outpatient OOA OTHER: Nursing Home X Residence Other (Specify)		9b. INSIDE CITY LIMITS? (Yes or No) No		9c. COUNTY OF DEATH Pasco	
10a. DECEDENT'S USUAL OCCUPATION Owner/Operator		10b. KIND OF BUSINESS/INDUSTRY Sign Manufacturer		11. MARITAL STATUS - Married, Never Married, Widowed, Divorced (Specify) Divorced	
12. SURVIVING SPOUSE (If wife, give maiden name)		13a. RESIDENCE STATE Florida		13b. COUNTY Pasco	
13c. CITY, TOWN, OR LOCATION Port Richey		13d. STREET AND NUMBER 8414 National Drive		14. INSIDE CITY LIMITS? (Yes or No) No	
15. ZIP CODE 34668		16. WAS DECEDENT OF HISPANIC OR HAITIAN ORIGIN? (Specify No or Yes - If yes, specify Haitian, Cuban, Mexican, Puerto Rican, etc.) No		17. RACE - American Indian, Black, White, etc. (Specify) White	
18. DECEDENT'S EDUCATION (Specify only highest grade completed) Elementary Secondary College (1, 2, or 3) 12		19. FATHER'S NAME (First, Middle, Last) Robert Pedersen		20. MOTHER'S NAME (First, Middle, Maiden Surname) Patricia Hall	
21. MAILING ADDRESS (Street and Number or Rural Route Number, City or Town, State, Zip Code) Carmen Passarella 8414 National Drive, Port Richey, FL 34668		22. METHOD OF DISPOSITION X Burial Cremation Removal from State Donation Other (Specify)		23. PLACE OF DISPOSITION (Name of cemetery, crematory, or other place) Meadowlawn Memorial Gardens	
24. LOCATION - City or Town, State New Port Richey, Florida		25a. SIGNATURE OF FUNERAL SERVICE LICENSEE OR PERSON ACTING AS SUCH [Signature]		25b. LICENSE NUMBER (of Licensee) 22001	
26. NAME AND ADDRESS OF FACILITY Thomas B. Dobies Funeral Home 6616 Congress St. New Port Richey FL 34653		27a. On the basis of examination and/or investigation, in my opinion death occurred at the time, date and place and due to the cause(s) as stated. (Signature and Title) [Signature]		27b. DATE SIGNED (Mo., Day, Yr.) 11/24/2003	
28. HOUR OF DEATH 12:10 P		29. NAME OF ATTENDING PHYSICIAN IF OTHER THAN CERTIFIER (Type or Print) Karen Fields, MD, 12902 Magnolia Drive #1011, Tampa, Florida 33612		30. MEDICAL EXAMINER'S CASE #	
31. SUBREGISTRAR - SIGNATURE AND DATE [Signature]		32. LOCAL REGISTRAR - SIGNATURE [Signature]		33. DATE REGISTERED Nov 26, 2003	
28. PART I. Enter the diseases, injuries, or complications that caused the death. Do not enter the mode of dying, such as cardiac or respiratory arrest, shock or heart failure. List only one cause on each line.					
IMMEDIATE CAUSE (Final disease or condition resulting in death) -> Liver failure					
Sequently list conditions, if any, leading to immediate cause. Enter UNDERLYING CAUSE (Disease or injury that initiated events resulting in death) LAST					
a. DUE TO (OR AS A CONSEQUENCE OF) Metastatic Breast Cancer					
b. DUE TO (OR AS A CONSEQUENCE OF) Breast Cancer					
c. DUE TO (OR AS A CONSEQUENCE OF)					
PART II. Other significant conditions contributing to death but not resulting in the underlying cause given in Part I.					
29. IF FEMALE, WAS THERE A PREGNANCY IN THE PAST 3 MONTHS? Yes X No		30a. IF SURGERY IS MENTIONED IN PART I or II, ENTER CONDITION FOR WHICH IT WAS PERFORMED		30b. DATE OF SURGERY (Mo., Day, Year)	
31. PROBABLE MANNER OF DEATH (Specify) Natural, accident, suicide, homicide, or undetermined		32a. DATE OF INJURY (Month, Day, Year)		32b. TIME OF INJURY	
32c. INJURY AT WORK? (Yes or No)		32d. DESCRIBE HOW INJURY OCCURRED		32e. PLACE OF INJURY - At home, farm, street, factory, etc. (Specify)	
32f. LOCATION (Street and Number or Rural Route Number, City or Town, State)		32g. LOCATION (Street and Number or Rural Route Number, City or Town, State)		32h. LOCATION (Street and Number or Rural Route Number, City or Town, State)	

NOV 26 2003

THIS IS A CERTIFIED TRUE AND CORRECT COPY OF THE OFFICIAL RECORD ON FILE IN THIS OFFICE.

BY

Clairine L. Llewellyn

State Registrar

DEPUTY REGISTRAR

WARNING:
10336026

THIS DOCUMENT IS PRINTED OR PHOTOCOPIED ON SECURITY PAPER WITH A WATERMARK OF THE GREAT SEAL OF THE STATE OF FLORIDA. DO NOT ACCEPT WITHOUT VERIFYING THE PRESENCE OF THE WATERMARK. THE DOCUMENT FACE CONTAINS A MULTI-COLORED BACKGROUND AND GOLD EMBOSSED SEAL. THE BACK CONTAINS SPECIAL LINES WITH TEXT AND SEALS IN THERMOCHROMIC INK.

DOH FORM 1564A (3/99)

CERTIFICATION OF VITAL RECORD

FLORIDA DEPARTMENT OF
HEALTH