

2008 FOR PROFIT CORPORATION ANNUAL REPORT

FILED
Apr 30, 2008 08:00 AM
Secretary of State

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

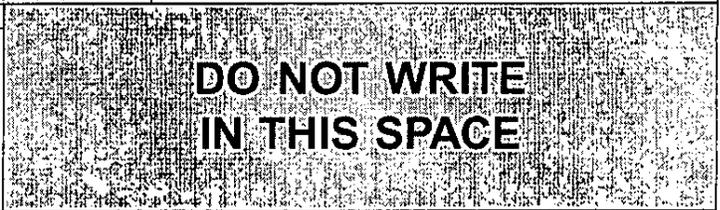


02072008 No Chg-P CR2E034 (11/05)

4. FEI Number 59-2742028	Applied For Not Applicable
5. Certificate of Status Desired <input type="checkbox"/>	\$8.75 Additional Fee Required

6. Name and Address of Current Registered Agent

STOCKHAUSEN, BRAD
9130 STATE ROAD 52
HUDSON, FL 34669-3027



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.

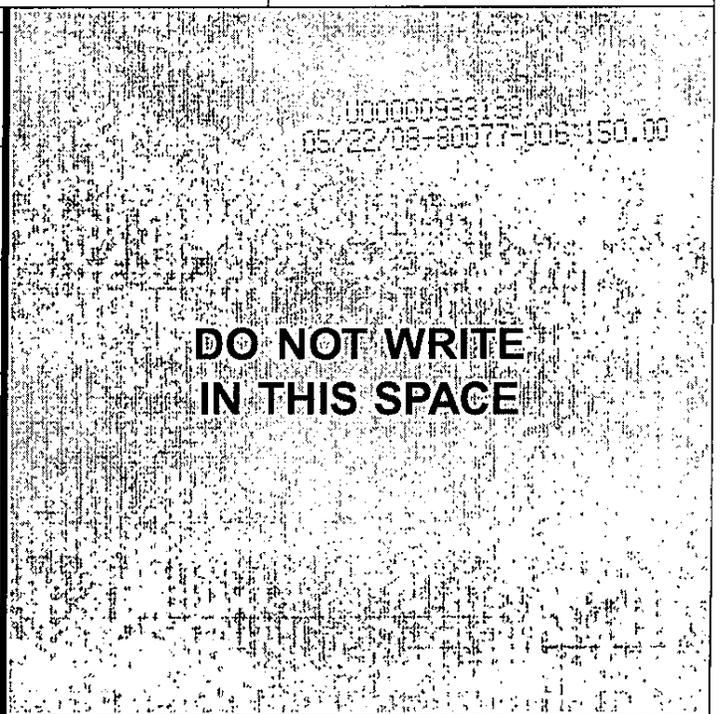
SIGNATURE _____ (NOTE: Registered Agent signature required when reinstating) DATE _____

FILE NOW!!! FEE IS \$150.00
After May 1, 2008 Fee will be \$550.00

9. Election Campaign Financing Trust Fund Contribution. **\$5.00** May Be Added to Fees

10. OFFICERS AND DIRECTORS

TITLE NAME STREET ADDRESS CITY-ST-ZIP	PTD STOCKHAUSEN, BRAD 9130 STATE ROAD 52 HUDSON, FL 346693027
TITLE NAME STREET ADDRESS CITY-ST-ZIP	SD ACOSTA, JAMES 9130 STATE ROAD 52 HUDSON, FL 346693027
TITLE NAME STREET ADDRESS CITY-ST-ZIP	



12. I hereby certify that the information supplied with this filing does not qualify for the exemptions contained in Chapter 119, 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: *Brad Stockhausen - Brad Steckhausen* * *4-28-08* *727-863-7959*

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #