
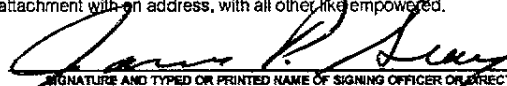


**2006 FOR PROFIT CORPORATION  
ANNUAL REPORT**

**FILED**

**Jan 20, 2006 08:00 AM  
Secretary of State**

|  |  |  |
|--|--|--|
| <b>DOCUMENT # J49001</b><br>1. Entity Name<br><b>SEAY GROVES, INC.</b>   |  |   |
| Principal Place of Business<br><b>221 WES MANN RD.<br/>PO BOX 740<br/>BABSON PARK, FL 33827 US</b>   |  | Mailing Address<br><b>P OB OX 740<br/>BABSON PARK, FL 33827-0740 US</b>  |
| <b>DO NOT WRITE IN THIS SPACE</b>  |  |  |
| 5. Name and Address of Current Registered Agent<br><br><b>SEAY, JAMES P<br/>221 WES MANN RD<br/>BABSON PARK, FL 33827</b>  |  | <b>DO NOT WRITE<br/>IN THIS SPACE</b>  |
| 6. 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.<br><br>SIGNATURE _____<br><small>Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating)</small> DATE _____   |  |  |
| <b>FILE NOW!!! FEE IS \$150.00<br/>After May 1, 2006 Fee will be \$550.00</b>  |  | 9. Election Campaign Financing<br>Trust Fund Contribution. <input type="checkbox"/> <b>\$5.00 May Be<br/>Added to Fees</b> |
| 10. OFFICERS AND DIRECTORS   |  |  |
| TITLE<br>NAME<br>STREET ADDRESS<br>CITY-ST-ZIP   | PVSD<br>SEAY, JAMES P PVSD<br>221 WESMANN RD<br>BABSON PARK, FL 33827    |  |
| TITLE<br>NAME<br>STREET ADDRESS<br>CITY-ST-ZIP   | TD<br>WHATLEY, ELIZABETH S TD<br>900 DELA BESQUE AVE<br>BARTOW, FL 33830 |  |
| TITLE<br>NAME<br>STREET ADDRESS<br>CITY-ST-ZIP   |  |  |
| TITLE<br>NAME<br>STREET ADDRESS<br>CITY-ST-ZIP   |  |  |
| TITLE<br>NAME<br>STREET ADDRESS<br>CITY-ST-ZIP   |  |  |
| TITLE<br>NAME<br>STREET ADDRESS<br>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.<br><br><b>SIGNATURE:</b> <br><small>SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR</small> Date: <b>1/13/06</b> Daytime Phone #: <b>863-678-1388</b> |  |  |



01112006 No Chg-P CR2E034 (11/05)

|   |  |
|---|--|
| 4. FEI Number<br><b>59-2747813</b>                        | Applied For<br><input type="checkbox"/> Not Applicable |
| 5. Certificate of Status Desired <input type="checkbox"/> | <b>\$8.75 Additional<br/>Fee Required</b>              |

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01/25/06-80012-008 150.00

**DO NOT WRITE  
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