

2006 FOR PROFIT CORPORATION ANNUAL REPORT

FILED
Mar 29, 2006 8:00 am
Secretary of State

03-29-2006 90135 043 ***150.00

DOCUMENT # J55756

1. Entity Name
BILL SEAMAN CONSTRUCTION INC.



Principal Place of Business
**6386 NW 74 TERRACE
PARKLAND, FL 33067**

Mailing Address
**6386 NW 74 TERRACE
PARKLAND, FL 33067**

50006759

2. Principal Place of Business

Suite, Apt. #, etc.

City & State

Zip

Country

3. Mailing Address
C/O BLAKESBERG & CO CPAS

951 SW 11th AVE

Suite, Apt. #, etc.

City & State
BOCA RATON FL

Zip
33432

Country

03192006

Chg-P

CR2E034 (11/05)

4. FEI Number
59-2763283

Applied For
Not Applicable

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

**SEAMAN, BILL
6386 NW 74 TERR
PARKLAND, FL 33067**

Name

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

City

FL

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

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

(NOTE: Registered Agent signature required when amending)

DATE

**FILE NOW!!! FEE IS \$150.00
After May 1, 2006 Fee will be \$550.00**

9. Election Campaign Financing
Trust Fund Contribution. ☐

**\$5.00 May Be
Added to Fees**

10. OFFICERS AND DIRECTORS

NAME	DATE	DELETE
NAME	DATE	DELETE
NAME	DATE	DELETE
NAME	DATE	DELETE
NAME	DATE	DELETE
NAME	DATE	DELETE
NAME	DATE	DELETE
NAME	DATE	DELETE
NAME	DATE	DELETE
NAME	DATE	DELETE

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

NAME	DATE	CHANGE	ADDITION
NAME	DATE	CHANGE	ADDITION
NAME	DATE	CHANGE	ADDITION
NAME	DATE	CHANGE	ADDITION
NAME	DATE	CHANGE	ADDITION
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NAME	DATE	CHANGE	ADDITION
NAME	DATE	CHANGE	ADDITION

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 of the corporation; and that my name appears in Block 10 or Block 11 if changed, or on an attachment with an affidavit.

SIGNATURE:

PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

PRESIDENT

03/28/06 954-557-6035

Optional Phone #