

2008 FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT # J65370

1. Entity Name
SEABORN SCHOOL, INC.



Principal Place of Business
**30 DAVIS BLVD.
TAMPA, FL 33606**

Mailing Address
**30 DAVIS BLVD.
TAMPA, FL 33606**

FILED
Apr 04, 2008 08:00 AM
Secretary of State



03292008 No Chg-P CR2E034 (11/05)

DO NOT WRITE IN THIS SPACE

4. FEI Number
59-2719079

Applied For
Not Applicable

5. Certificate of Status Desired ☐ **\$8.75 Additional Fee Required**

6. Name and Address of Current Registered Agent

**ADDISON, JOYCE C.
30 DAVIS BOULEVARD
TAMPA, FL 33606**

**DO NOT WRITE
IN THIS SPACE**

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
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	VPD TERRY, WILLIAM J. 30 DAVIS BLVD TAMPA, FL 33606
TITLE NAME STREET ADDRESS CITY - ST - ZIP	PD TERRY, MARIE C. 30 DAVIS BLVD TAMPA, FL 33606
TITLE NAME STREET ADDRESS CITY - ST - ZIP	STD ADDISON, JOYCE C. 30 DAVIS BLVD TAMPA, FL 33606
TITLE NAME STREET ADDRESS CITY - ST - ZIP	D O'BRIEN, THOMAS P 30 DAVIS BLVD TAMPA, FL 33606
TITLE NAME STREET ADDRESS CITY - ST - ZIP	D O'BRIEN, MICHAEL J 12025 NORTH UMBERLAND DR TAMPA, FL 33626
TITLE NAME STREET ADDRESS CITY - ST - ZIP	

000000880174
04/15/08-80049-019 150.00

**DO NOT WRITE
IN THIS SPACE**

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:

[Signature]
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

4-2-08

Date

813-282-4825

Daytime Phone #