


**2007 FOR PROFIT CORPORATION  
ANNUAL REPORT**

**FILED**  
**Aug 08, 2007 08:00 AM**  
**Secretary of State**

<b>DOCUMENT # J76343</b> 1. Entity Name SEAGATE MECHANICAL INC.	
---	---

Principal Place of Business 77 SEAGATE BLVD KEY LARGO, FL 33037	Mailing Address PO BOX 2428 KEY LARGO, FL 33037
---	---

**DO NOT WRITE IN THIS SPACE**



08012007 No Chg-P CR2E034 (11/05)

4. FEI Number 59-2779555	Applied For Not Applicable
5. Certificate of Status Desired <input checked="" type="checkbox"/>	<b>\$8.75</b> Additional Fee Required

6. Name and Address of Current Registered Agent

WEBB, EDWARD T  
2005 S.E. 5TH TERRACE  
HOMESTEAD, FL 33033

**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  DATE 7/27/07

Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reappointing)

<b>FILE NOW!!! FEE IS \$150.00 Due by September 14, 2007</b>	9. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/> <b>\$5.00</b> May Be Added to Fees	In accordance with s. 607.193(2)(b), F.S., the corporation did not receive the prior notice.
--	---	---

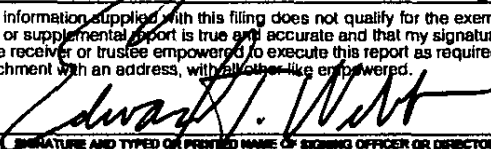
10. OFFICERS AND DIRECTORS

TITLE NAME STREET ADDRESS CITY-ST-ZIP	P WEBB, EDWARD T 2005 S.E. 5TH TERRACE HOMESTEAD, FL 33033
TITLE NAME STREET ADDRESS CITY-ST-ZIP	S WEBB, SANDRA M 2005 S.E. 5TH TERRACE HOMESTEAD, FL 33033
TITLE NAME STREET ADDRESS CITY-ST-ZIP	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	

U00000771728  
08/08/07-90006-001 158.75

**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:  DATE 7/27/07 305-587-9247

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Edward T. Webb