## 2005 FOR PROFIT CORPORATION

## FILED **ANNUAL REPORT** Apr 27, 2005 08:00 AM DOCUMENT # J78092 **Secretary of State** T. SEGUIN ENTERPRISES, INC. Principal Place of Business Mailing Address 4016 CORTEZ RD. WEST 4016 CORTEZ RD. WEST STE 1201 **STE 1201** BRADENTON, FL 34210 BRADENTON, FL 34210 US 04252005 CR2E034 (10/03) No Chg-P DO NOT WRITE IN THIS SPACE Applied For 4. FE! Number 59-2816830 Not Applicable \$8.75 Additional 5. Certificate of Status Desired Fee Required 6. Name and Address of Current Registered Agent SEGUIN, THOMAS DO NOT WRITE 109 TIDY ISLAND BLVD BRADENTON, FL 34210 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 Agen) signature required when reinstating) 9. Election Campaign Financing FILE NOW!!! FEE IS \$150.00 After May 1, 2005 Fee will be \$550.00 \$5.00 May Be Trust Fund Contribution. Added to Fees 10. OFFICERS AND DIRECTORS TITLE NAME SEGUIN, THOMAS STREET ADDRESS 4016 CORTEZ RD. WEST, SUITE 1201 CITY-ST-ZIP BRADENTON, FL 34210 TITLE NAME .000000335129 04727705-80071-022 150.00 STREET ADDRESS CITY-ST-ZIP TITLE NAME STREET ADDRESS DO NOT WRITE CITY-ST-ZIP TITLE IN THIS SPACE NAME STREET ADDRESS CITY-ST-ZIP TITLE NAME STREET ADDRESS CITY-ST-ZIP

12. I hereby certify that the information supplied with this filling does not qualify for the exemption stated in Section 119.07(3)(i), 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

ППЕ NAMS STREET ADDRESS CITY-ST-ZIP

changed, or on an attachment with	an address, with all other like e	empowered.			
SIGNATURE:	Savin	Thomas	Seguin	4/25/05	241-756-8747
SIGNATURE	AND TYPE OR RINTED HAME OF SIG	NING OFFICER OR DIRECTOR		Date	Daytime Phone #
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