



**2008 FOR PROFIT CORPORATION
ANNUAL REPORT**

FILED
Feb 28, 2008 08:00 AM
Secretary of State

DOCUMENT # K13746 1. Entity Name SEAAG, INC.	
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Principal Place of Business 705 - 27TH AVE., SW UNIT A VERO BEACH, FL 32968 US	Mailing Address 705 - 27TH AVE., SW UNIT A VERO BEACH, FL 32968 US
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DO NOT WRITE IN THIS SPACE



02182008 No Chg-P CR2E034 (11/05)

4. FEI Number 65-0061313	Applied For <input type="checkbox"/> Not Applicable
5. Certificate of Status Desired <input checked="" type="checkbox"/> \$8.75 Additional Fee Required	

6. Name and Address of Current Registered Agent

**WEISSMAN, JOSEPH C.
705- 27TH AVE., SW
UNIT A
VERO BEACH, FL 32968**

**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 _____ (NOTE: Registered Agent signature required when reinstating) DATE _____

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


FILE NOW!!! FEE IS \$150.00 After May 1, 2008 Fee will be \$550.00	9. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/> \$5.00 May Be Added to Fees	UD00000843182 03/11/08-80060-004 158.75
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10. OFFICERS AND DIRECTORS

TITLE NAME STREET ADDRESS CITY-ST-ZIP	VPDS BENEMANN, JOHN R 3434 TICE CREEK DR. #1 WALNUT CREEK, CA 94595
TITLE NAME STREET ADDRESS CITY-ST-ZIP	PDT WEISSMAN, JOSEPH C 5163 HWY A1A NORTH #220 FORT PIERCE, FL 34949
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D DUSENBERY, DAVID 384 THE FALLS CT. ATLANTA, GA 30307
TITLE NAME STREET ADDRESS CITY-ST-ZIP	VP RIDDLE, MARY L 1761 CYPRESS LN VERO BEACH, FL 32963
TITLE NAME STREET ADDRESS CITY-ST-ZIP	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	

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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:  **2/28/08 7725381051**

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #