2004 FOR PROFIT CORPORATION
ANNUAL REPORT

DOCUMENT # K41906

1. Entity Name
SEYPAR, INC.

Principal Place of Business

102 NORTH SWINTON AVE
DELRAY BEACH, FL 33444   US

Mailing Address

P.O. BOX 7538
DELRAY BEACH, FL 33482-7538 US

DO NOT WRITE IN THIS SPACE

03092004   No Chg-P   CR2E034 (10/03)

4. FEI Number	Applied For
65-0087917	Not Applicable

5. Certificate of Status Desired ☒ $8.75 Additional Fee Required

6. Name and Address of Current Registered Agent

SCHACHER, SELMA A
155 FLANDERS D
DELRAY BEACH, FL 33482-7538

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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, 2004 Fee will be $550.00

9. Election Campaign Financing
Trust Fund Contribution. ☐

$5.00 May Be
Added to Fees

U00000094568
03/23/04-80001-015 158.75

10.   OFFICERS AND DIRECTORS

TITLE	PD
NAME	PARISER, PAUL S
STREET ADDRESS	3590 S. OCEAN BLVD #209
CITY ST ZIP	WEST PALM BEACH, FL 33480
TITLE	SD
NAME	REID, LUCIE S
STREET ADDRESS	P.O. BOX 7538
CITY ST ZIP	DELRAY BEACH, FL 334827538
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	

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IN THIS SPACE

12. I hereby certify that the information supplied with this filing 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 changed, or on an attachment with an address, with all other like empowered.

SIGNATURE: _Lucie Reid Sec Lucie S Reid Sec 3-18-04   406 995-4181_

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