

# 2009 FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# K41906

Entity Name: SEYPAR, INC.

FILED  
Feb 06, 2009  
Secretary of State

## Current Principal Place of Business:

4700 NW BOCA RATON BLVS  
SUITE 104  
BOCA RATON, FL 334314860 US

## Current Mailing Address:

P.O. BOX 7538  
DELRAY BEACH, FL 334827538 US

## New Principal Place of Business:

235 MARINE VIEW DR. SW  
OCEAN SHORES, WA 98569 US

## New Mailing Address:

P.O. BOX 849  
OCEAN SHORES, WA 98569 US

FEI Number: 65-0087917      FEI Number Applied For ( )      FEI Number Not Applicable ( )      Certificate of Status Desired (X)

## Name and Address of Current Registered Agent:

SCHACHER, SELMA A  
155 FLANDERS D  
DELRAY BEACH, FL 334827538 US

## Name and Address of New Registered Agent:

SCHWARTZ, ROBERT M  
4700 NW BOCA RATON BLVD.  
SUITE 104  
BOCA RATON, FL 33431 US

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.

SIGNATURE: ROBERT M SCHWARTZ

02/06/2009

Electronic Signature of Registered Agent

Date

Election Campaign Financing Trust Fund Contribution ( ).

## OFFICERS AND DIRECTORS:

Title: PD ( ) Delete  
Name: PARISER, PAUL S  
Address: PO BOX 7538  
City-St-Zip: DELRAY BEACH, FL 33482

Title: SD ( ) Delete  
Name: HOVDE, RICHARD P  
Address: 4700 NW BOCA RATON BLVD  
City-St-Zip: BOCA RATON, FL 334314860

Title: ( ) Delete  
Name:  
Address:  
City-St-Zip:

## ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

Title: PD (X) Change ( ) Addition  
Name: PARISER, PAUL S  
Address: PO BOX 849  
City-St-Zip: OCEAN SHORES, WA 98569

Title: ASD (X) Change ( ) Addition  
Name: HOVDE, RICHARD P  
Address: 4700 NW BOCA RATON BLVD  
City-St-Zip: BOCA RATON, FL 334314860

Title: SD ( ) Change (X) Addition  
Name: PARISER, BENJAMIN S  
Address: PO BOX 849  
City-St-Zip: OCEAN SHORES, WA 98569

I hereby certify that the information supplied with this filing does not qualify for the exemption stated 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 electronic 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 above, or on an attachment with an address, with all other like empowered.

SIGNATURE: PAUL S. PARISER

PD

02/06/2009

Electronic Signature of Signing Officer or Director

Date