

# 2010 FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# K41906

Entity Name: SEYPAR, INC.

FILED  
Apr 06, 2010  
Secretary of State

**Current Principal Place of Business:**

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

**New Principal Place of Business:**

**Current Mailing Address:**

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

**New Mailing Address:**

FEI Number: 65-0087917

FEI Number Applied For ( )

FEI Number Not Applicable ( )

Certificate of Status Desired ( )

**Name and Address of Current Registered Agent:**

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

**Name and Address of New Registered Agent:**

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:

\_\_\_\_\_  
Electronic Signature of Registered Agent

\_\_\_\_\_  
Date

Election Campaign Financing Trust Fund Contribution ( ).

**OFFICERS AND DIRECTORS:**

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

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

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

I hereby 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 all other like empowered.

SIGNATURE: PAUL S. PARISER

PD

04/06/2010

\_\_\_\_\_  
Electronic Signature of Signing Officer or Director

\_\_\_\_\_  
Date