

# 2007 FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# L08832

FILED  
Jan 21, 2007  
Secretary of State

Entity Name: SEABROOKS AND ASSOCIATES, INC.

**Current Principal Place of Business:**

997 SW 104TH WAY  
PEMBROKE PINES, FL 330253580 US

**New Principal Place of Business:**

**Current Mailing Address:**

997 SW 104TH WAY  
PEMBROKE PINES, FL 330253580 US

**New Mailing Address:**

FEI Number: 65-0135480

FEI Number Applied For ( )

FEI Number Not Applicable ( )

Certificate of Status Desired ( )

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

PATRICIA A. SEABROOKS  
997 SW 104TH WAY  
PEMBROKE PINES, FL 33025 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 ( ) Delete  
Name: SEABROOKS, DR PATRICIA A PRES  
Address: 997 SW 104TH WAY  
City-St-Zip: PEMBROKE PINES, FL 330253580

Title: TD ( ) Delete  
Name: SEABROOKS, REV WILLIE JR  
Address: 997 SW 104TH WAY  
City-St-Zip: PEMBROKE PINES, FL 330253580

Title: VD ( ) Delete  
Name: SEABROOKS, MIA C.,  
Address: 17051 NE 23RD AVENUE  
City-St-Zip: NORTH MIAMI BEACH, FL 33161 US

Title: SD ( ) Delete  
Name: SEABROOKS, PATRICIA A.W.  
Address: 2190 RUTLAND ST  
City-St-Zip: OPA LOCKA, FL 33054 US

Title: O ( ) Delete  
Name: CARTER, ANN D  
Address: 8504 SHERATON DRIVE  
City-St-Zip: MIRAMAR, FL 33025 US

**ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:**

Title: ( ) Change ( ) Addition  
Name:  
Address:  
City-St-Zip:

Title: ( ) Change ( ) Addition  
Name:  
Address:  
City-St-Zip:

Title: ( ) Change ( ) Addition  
Name:  
Address:  
City-St-Zip:

Title: ( ) Change ( ) Addition  
Name:  
Address:  
City-St-Zip:

Title: ( ) Change ( ) Addition  
Name:  
Address:  
City-St-Zip:

I hereby certify that the information supplied with this filing does not qualify for the 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: PATRICIA A SEABROOKS

PD

01/21/2007

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

\_\_\_\_\_  
Date