

**2005 FOR PROFIT CORPORATION
ANNUAL REPORT**

FILED
Mar 14, 2005 08:00 AM
Secretary of State

DOCUMENT # L61859

1. Entity Name
SEAMAN DEVELOPMENT CORP.



Principal Place of Business
**11540 US HIGHWAY 92 EAST
SEFFNER, FL 33584 US**

Mailing Address
**11540 US HIGHWAY 92 EAST
SEFFNER, FL 33584 US**



03032005 No Chg-P CR2E034 (10/03)

DO NOT WRITE IN THIS SPACE

4. FEI Number
59-3000017

Applied For
☐ Not Applicable

5. Certificate of Status Desired ☐ **\$8.75 Additional
Fee Required**

6. Name and Address of Current Registered Agent

**BEYER, DAVID A
RUDNICK & WOLFE
101 E. KENNEDY BLVD., SUITE 2000
TAMPA, FL 33602**

**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 _____
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, 2005 Fee will be \$550.00**

9. Election Campaign Financing
Trust Fund Contribution ☐ **\$5.00 May Be
Added to Fees**

10. OFFICERS AND DIRECTORS

TITLE PD
NAME SEAMAN, JEFFREY RICHAR
STREET ADDRESS 11540 US HIGHWAY 92 EAST
CITY - ST - ZIP SEFFNER, FL 33584

TITLE VD
NAME PLANCHER, JILL SEAMAN
STREET ADDRESS 11540 HIGHWAY 92 EAST
CITY - ST - ZIP SEFFNER, FL

TITLE SV
NAME FINKEL, JEFFREY
STREET ADDRESS 11540 HIGHWAY 92 EAST
CITY - ST - ZIP SEFFNER, FL

TITLE ST
NAME STEIN, LEWIS
STREET ADDRESS 11540 HIGHWAY 92 EAST
CITY - ST - ZIP SEFFNER, FL

TITLE AS
NAME KETTLE, J. MICHAEL
STREET ADDRESS 11540 U.S. HIGHWAY 92 EAST
CITY - ST - ZIP SEFFNER, FL 33584

TITLE
NAME
STREET ADDRESS
CITY - ST - ZIP

000000261992
03/14/05-80035-007 150.00

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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)(f), 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, or any other like empowered.

SIGNATURE:
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date **3/17/05** Daytime Phone #