

**2005 FOR PROFIT CORPORATION
ANNUAL REPORT**

FILED
Feb 24, 2005 08:00 AM
Secretary of State

DOCUMENT # M85054

1. Entity Name
PETE SEYMOUR ENTERPRISES, INC.



Principal Place of Business

% PETE SEYMOUR
5152 SW MARKEL STREET
PALM CITY, FL 34990

Mailing Address

% PETE SEYMOUR
5152 SW MARKEL STREET
PALM CITY, FL 34990



02072005 No Chg-P CR2E034 (10/03)

DO NOT WRITE IN THIS SPACE

4. FEI Number
65-0057639

Applied For
Not Applicable

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

6. Name and Address of Current Registered Agent

SEYMOUR, PETE
% PETE SEYMOUR
5152 SW MARKEL STREET
PALM CITY, FL 34990

**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 NAME STREET ADDRESS CITY-ST-ZIP	PD SEYMOUR, PETE 5152 SW MARKEL STREET PALM CITY, FL 34990
TITLE NAME STREET ADDRESS CITY-ST-ZIP	STD SEYMOUR, JANET 5152 SW MARKEL ST. PALM CITY, FL 34990
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IN THIS SPACE**

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02/24/05-80062-001 150.00

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, with all other like empowered.

SIGNATURE:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

PETER SEYMOUR

✓ 2/21/05

Date

Daytime Phone #

(772)
221-0085