

2007 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

FILED
Feb 07, 2007 08:00 AM
Secretary of State

DOCUMENT # N01000003851

1. Entity Name
SEAMARK RANCH, INC.



Principal Place of Business
**ONE SAN JOSE PLACE #31
JACKSONVILLE, FL 32257**

Mailing Address
**ONE SAN JOSE PLACE #31
JACKSONVILLE, FL 32257**



01252007 No Chg-NP CR2E037 (4/06)

DO NOT WRITE IN THIS SPACE

4. FEI Number
62-1858150

Applied For
Not Applicable

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

6. Name and Address of Current Registered Agent

**LANDAU, AMANDA
ONE SAN JOSE PLACE #31
JACKSONVILLE, FL 32257**

**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

**Filing Fee is \$61.25
Due by May 1, 2007**

9. Election Campaign Financing
Trust Fund Contribution. ☐

**\$5.00 May Be
Added to Fees**

10. OFFICERS AND DIRECTORS

TITLE	D
NAME	COXWELL, JOHN B
STREET ADDRESS	9433 COXWELL LANE
CITY-ST-ZIP	JACKSONVILLE, FL 32221
TITLE	CD
NAME	HAINLINE, T.R.
STREET ADDRESS	1301 RIVERPLACE BLVD., SUITE 1500
CITY-ST-ZIP	JACKSONVILLE, FL 32207
TITLE	VD
NAME	MATHEWS, HUGH
STREET ADDRESS	14775 ST. AUGUSTINE RD.
CITY-ST-ZIP	JACKSONVILLE, FL 32258
TITLE	SD
NAME	DAVIS, BRENDA
STREET ADDRESS	6400 SAN PABLO ROAD SOUTH
CITY-ST-ZIP	JACKSONVILLE, FL 32224
TITLE	D
NAME	BRYAN, PEGGY
STREET ADDRESS	5249 YACHT CLUB ROAD
CITY-ST-ZIP	JACKSONVILLE, FL 32210
TITLE	D
NAME	WILSON, KEN
STREET ADDRESS	POB 23627
CITY-ST-ZIP	JACKSONVILLE, FL 32241

U00000625287
02/14/07-80068-023 61.25

**DO NOT WRITE
IN THIS SPACE**

12. I hereby certify that the information supplied with this filing does not qualify for the exemptions contained 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 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 617, Florida Statutes; and that my name appears in Block 10 or Block 11 if changed, or on an attachment with an address, with another like empowered.

SIGNATURE:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

01/30/07

Date

Daytime Phone #

904/288-8885