

**2007 NOT-FOR-PROFIT CORPORATION
ANNUAL REPORT**

**FILED
Aug 09, 2007 8:00 am
Secretary of State**

08-09-2007 90053 012 ****70.00

DOCUMENT # N06000010431		
1. Entity Name FRIENDS OF THE SEAHAWKS, INC.		

Principal Place of Business 2300 SANTA BARBARA BLVD CAPE CORAL, FL 33914	Mailing Address 2300 SANTA BARBARA BLVD CAPE CORAL, FL 33914
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2. Principal Place of Business - No P.O. Box #	3. Mailing Address
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Suite, Apt. #, etc.	Suite, Apt. #, etc.
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City & State	City & State
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Zip	Country	Zip	Country
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6. Name and Address of Current Registered Agent		7. Name and Address of New Registered Agent	
DAVIS, LARRY D 2924 GLADIOLA ST FT MYERS, FL 33901		Name	
		Street Address (P.O. Box Number is Not Acceptable)	
		City	
		FL	Zip Code

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

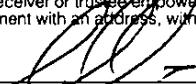
Signature, typed or printed name of registered agent and title if applicable.

(NOTE: Registered Agent signature required when reinstating)

DATE

Filing Fee is \$61.25 Due by September 14, 2007		9. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/> \$5.00 May Be Added to Fees		Make check payable to Florida Department of State	
10. OFFICERS AND DIRECTORS					
		11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10			
TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Delete		TITLE NAME STREET ADDRESS CITY-ST-ZIP	
		<input type="checkbox"/> Delete		TITLE NAME STREET ADDRESS CITY-ST-ZIP	
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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 all other like empowered.

SIGNATURE:  PRESIDENT (LARRY DAVIS) 8/7/07 239-337-5114
Signature and typed or printed name of signing officer or director Date Daytime Phone #