


**2004 NOT-FOR-PROFIT CORPORATION  
ANNUAL REPORT**

**FILED**  
**Feb 23, 2004 08:00 AM**  
**Secretary of State**

<b>DOCUMENT # N28656</b>	
<b>1. Entity Name</b> SEEK! THE DAVIS FOUNDATION! SOCIETY FOR THE ENRICHMENT AND EDUCATION OF KIDS, INC.	

<b>Principal Place of Business</b> 18538 U.S. HIGHWAY 19 N. CLEARWATER, FL 33764	<b>Mailing Address</b> 18538 U.S. HIGHWAY 19 N. CLEARWATER, FL 33764
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**DO NOT WRITE IN THIS SPACE**



01152004 No Chg-NP CR2E037 (10/03)

<b>4. FEI Number</b> 59-2910369	<b>Applied For</b> <input type="checkbox"/> Not Applicable
<b>5. Certificate of Status Desired</b> <input type="checkbox"/> <b>\$8.75 Additional Fee Required</b>	

<b>6. Name and Address of Current Registered Agent</b>  GRANTHAM, WALTER L 18167 U.S. HIGHWAY 19 NORTH STE. 310 CLEARWATER, FL 33764
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**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**

<b>SIGNATURE</b> <small>Signature, typed or printed name of registered agent and title if applicable (NOTE: Registered Agent signature required when reinstating)</small>	<b>DATE</b>
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<b>Filing Fee is \$61.25 Due by May 1, 2004</b>	<b>9. Election Campaign Financing</b> Trust Fund Contribution. <input type="checkbox"/> <b>\$5.00 May Be Added to Fees</b>
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<b>10. OFFICERS AND DIRECTORS</b>	
<b>TITLE</b> <b>NAME</b> <b>STREET ADDRESS</b> <b>CITY - ST - ZIP</b>	<b>D</b> MARTINO, LEE 1087 MARCO DR. NE ST. PETERSBURG, FL 33702
<b>TITLE</b> <b>NAME</b> <b>STREET ADDRESS</b> <b>CITY - ST - ZIP</b>	<b>D</b> GRANTHAM, WALTER L 18167 U.S. HIGHWAY 19 NORTH, STE. 310 ST. PETERSBURG, FL 33764
<b>TITLE</b> <b>NAME</b> <b>STREET ADDRESS</b> <b>CITY - ST - ZIP</b>	<b>D</b> DAVIS, DONN 654 100TH AVENUE N., BLDG. 8, UNIT 103 ST. PETERSBURG, FL 33702
<b>TITLE</b> <b>NAME</b> <b>STREET ADDRESS</b> <b>CITY - ST - ZIP</b>	
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02/23/04-80178-020 70.00

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**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 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**

<b>SIGNATURE:</b> 	<b>DATE</b> 2/19/04	<b>Daytime Phone #</b>
<small>SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR</small>		