

2005 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

FILED
Mar 29, 2005 8:00 am
Secretary of State

03-29-2005 90026 041 ****70.00

DOCUMENT # N28656

1. Entity Name
**SEEK! THE DAVIS FOUNDATION! SOCIETY FOR THE
ENRICHMENT AND EDUCATION OF KIDS, INC.**



Principal Place of Business
**18538 U.S. HIGHWAY 19 N.
CLEARWATER, FL 33764**

Mailing Address
**18538 U.S. HIGHWAY 19 N.
CLEARWATER, FL 33764**

DO NOT WRITE IN THIS SPACE



01052005 No Chg-NP

CR2E037 (10/03)

4. FEI Number
59-2910369

Applied For
Not Applicable

5. Certificate of Status Desired ☐

\$8.75 Additional
Fee Required

6. Name and Address of Current Registered Agent

**GRANTHAM, WALTER L JR.
2240 BELLEAIR ROAD, SUITE 135
CLEARWATER, FL 33764**

**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, 2005**

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
**D
MARTINO, LEE
1087 MARCO DR. NE
ST. PETERSBURG, FL 33702**

TITLE
NAME
STREET ADDRESS
CITY - ST - ZIP
**D
GRANTHAM, WALTER L
18167 U.S. HIGHWAY 19 NORTH, STE. 310 2240 Belleair Rd, Ste. 135
ST. PETERSBURG, FL 33764 Clearwater, FL 33764**

TITLE
NAME
STREET ADDRESS
CITY - ST - ZIP
**D
DAVIS, DONN
654 100TH AVENUE N., BLDG. 8, UNIT 103
ST. PETERSBURG, FL 33702**

TITLE
NAME
STREET ADDRESS
CITY - ST - ZIP

TITLE
NAME
STREET ADDRESS
CITY - ST - ZIP

TITLE
NAME
STREET ADDRESS
CITY - ST - ZIP

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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)(i), 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:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

Donn S Davis
President **3/25/05** **727-5305775**