# 2006 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

**FILED**
**Jan 23, 2006 08:00 AM**
**Secretary of State**

DOCUMENT # N28656

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

| Principal Place of Business | Mailing Address |
|---|---|
| 18538 U.S. HIGHWAY 19 N.<br>CLEARWATER, FL 33764 | 18538 U.S. HIGHWAY 19 N.<br>CLEARWATER, FL 33764 |

01112006 No Chg-NP CR2E037 (11/05)

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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

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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.

SIGNATURE _____ DATE
Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating)

**Filing Fee is $61.25**
**Due by May 1, 2006**

9. Election Campaign Financing Trust Fund Contribution. ☐ **$5.00** May Be Added to Fees

10. OFFICERS AND DIRECTORS

| | |
|---|---|
| TITLE | D |
| NAME | MARTINO, LEE |
| STREET ADDRESS | 1087 MARCO DR. NE |
| CITY-ST-ZIP | ST. PETERSBURG, FL 33702 |
| TITLE | D |
| NAME | GRANTHAM, WALTER L |
| STREET ADDRESS | 2240 BELLEAIR RD |
| CITY-ST-ZIP | CLEARWATER, FL 33764 |
| TITLE | D |
| NAME | DAVIS, DONN |
| STREET ADDRESS | 654 100TH AVENUE N., BLDG. 6, UNIT 103 |
| CITY-ST-ZIP | 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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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:** _____ 01/16/06
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR — Date — Daytime Phone #