

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

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

<b>DOCUMENT # N28656</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</b>



01192007 No Chg-NP

CR2E037 (4/06)

**DO NOT WRITE IN THIS SPACE**

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 reinstalling)

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

**U000000628360  
02/16/07-80012-014 70.00**

**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 2240 BELLEAIR RD 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	

**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 all other like empowered.

**SIGNATURE:**

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

*[Handwritten Signature: Donn S Davis]* **2/5/07** **727-530-5711**