


**2008 FOR PROFIT CORPORATION
ANNUAL REPORT**

FILED
Jul 21, 2008 8:00 am
Secretary of State


07-21-2008 90026 043 ***150.00

DOCUMENT # P00000070148 1. Entity Name THE SEAT SURGEON, INC.	
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Principal Place of Business 1406 LAKEMIST LANE CLERMONT, FL 34711	Mailing Address 1406 LAKEMIST LANE CLERMONT, FL 34711
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DO NOT WRITE IN THIS SPACE

41



07082008 No Chg-P CR2E034 (11/05)

4. FEI Number 59-3673611	Applied For <input type="checkbox"/> Not Applicable
5. Certificate of Status Desired <input type="checkbox"/>	\$8.75 Additional Fee Required

6. Name and Address of Current Registered Agent

**ELIEFF, DAVID G
1406 LAKEMIST LANE
CLERMONT, FL 34711**

**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 _____ (NOTE: Registered Agent signature required when re-registering) DATE _____

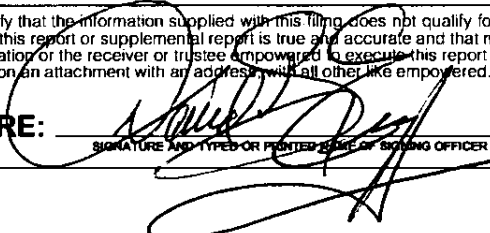
FILE NOW!!! FEE IS \$550.00 Due by September 12, 2008	9. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/> \$5.00 May Be Added to Fees
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10. OFFICERS AND DIRECTORS

TITLE NAME STREET ADDRESS CITY-ST-ZIP	D ELIEFF, DAVID G 1406 LAKEMIST LANE CLERMONT, FL 34711
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D ELIEFF, SUSANN 1406 LAKEMIST LANE CLERMONT, FL 34711
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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 607, 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 #

ATTACHMENT

2/14/08

40111459

#P00000670148

To whom it may concern:

This letter is to inform you that
I didn't receive your first of the year
Correspondence regarding my Corporation Renewal.
This letter ~~was~~ Notice of intent to dissolve
is the 1st Notice I've received.

Please accept \$150⁰⁰ for the Normal
Renewal fee. Thank you for your prompt
attention to this matter.

Sincerely yours David Eliff