## 2005 FOR PROFIT CORPORATION ANNUAL REPORT

## FILED Jan 21, 2005 8:00 am Secretary of State

DOCUMENT # P00000114215  1. Entity Name SEYBERT SALES COMPANY							01-21-2005	90087 (	)29 ***1:	50.00
Principal Place of Business 4981 GARDEN DR DELRAY BCH, FL 33445		Mailing Address 4981 GARDEN DR DELRAY BCH, FL 33445		<b>!</b>					5000	5372
2. Principal Place of Business		3. Mailing Address								
Suite, Apt. #, etc.		Suite, Apt. #, etc.				01132005	Chg-P	CR2E0	34 (10/03)	
City & State		City & State				4. FEI Number 43-1142	326			plied For t Applicable
Zip	Country Zip Cou		Cour	itry		5. Certificate of Status Desired			\$8.75 Additional Fee Required	
	6. Name and Address of Current	Registered Agent			'	7. Name and A	ddress of New Re	gistered A	gent	
SEYBERT, TAMARA K				Name Street Address (P.O. Box Number is Not Acceptable)						
1000 NW 45 ST/A8  4981 GARDEN DR DELRAY BCH, FL 33445				Street At	udiess (r	O. Box Number				,
DECIMIE	001,12 33443								T	
				City				FL	Zip Code	3
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										
FILE NOW!!! FEE IS \$150.00 After May 1, 2005 Fee will be \$550.00  9. Election Campaign Financing Trust Fund Contribution.						00 May Be ed to Fees				
10.	OFFICERS AND	DIRECTORS	11.			ADDITIONS/C	HANGES TO OFFI	CERS AND	DIRECTOR	S IN 11
TITLE	DPT	☐ Delete	TITU						(C) etiange	☐ Addition
NAME Street address	SETBERT, WILLIAM E 4981 GARDEN DR		NAM		50	AREKI				
CITY-ST-ZIP	DELRAY BEACH, FL 33445			ET ADORESS -ST-ZIP	_					
TITLE	DVS	☐ Delete	TITL				· · · · · · · · · · · · · · · · · · ·		<b>∆</b> Detange	Addition
NAME	SEYBERT, TAMERA K	<b>□</b> D€1646	NAM				TAMP	DQ.	Liberange	FT Manion
STREET ADDRESS	4981 GARDEN DR		STRE	ET ADDRESS			(1111/1	ICI1		
CITY-ST-ZIP	DELRAY BCH, FL 33445		CITY	-ST-ZIP						
TITLE	DTR - ·	☐ Delete	ŤΙΤΙ		,	•	-	•	Change	☐ Addition
NAME STREET ADDRESS	SEYBERT, TAMARA K 4981 GARDEN DR		NAM	ET ADDRESS						•
CITY-ST-ZIP	DELRAY BCH, FL 33445			-ST-ZIP						
TITLE	DSE	☐ Delete	TITL	:		***************************************			☐ Change	☐ Addition
NAME	SEYBERT, WILLIAM E		NAM	E						_
STREET ADDRESS CITY-ST-ZIP	4981 GARDEN DR DELRAY BEACH, FL 33445			ET ADDRESS						
TITLE	DELICAT BEACH, FL 33445	☐ Delete		-ST-ZIP	<u> </u>		<del></del> -			
NAME		Li Desete	TITL! NAM						☐ Change	☐ Addition
STREET ADDRESS				ET ADDRESS						
CITY-ST-ZIP			CITY	-\$T-ZIP						
TITLE		☐ Delete	TITL						Change	☐ Addition
NAME STREET ADDRESS			NAM							
CITY-ST-ZIP				ET ADORESS -ST-ZIP						
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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)(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 607, Florida Statutes; and that my name appears in Block 10 or Block 11 if changed, or on an atlachment with an address, with all other like empowered.

SIGNATURE!

NATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECT

1-17-05

561-638-7677