

**2005 FOR PROFIT CORPORATION
ANNUAL REPORT**

FILED
Jan 10, 2005 08:00 AM
Secretary of State

DOCUMENT # P00000114251 1. Entity Name SEYBERT PROPERTIES, INC.	
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Principal Place of Business
**4981 GARDEN DR
DELRAY BCH, FL 33445**

Mailing Address
**4981 GARDEN DR
DELRAY BCH, FL 33445**



01052005 No Chg-P CR2E034 (10/03)

DO NOT WRITE IN THIS SPACE

4. FEI Number 43-1267228	Applied For ☐ Not Applicable
5. Certificate of Status Desired ☐	\$8.75 Additional Fee Required

6. Name and Address of Current Registered Agent

**SEYBERT, TAMARA K
4981 GARDEN DR
DELRAY BCH, FL 33445**

**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 reinstating) DATE _____
Signature, typed or printed name of registered agent and title if applicable.

**FILE NOW!!! FEE IS \$150.00
After May 1, 2005 Fee will be \$550.00**

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	DPT SEYBERT, TAMARA K 4981 GARDEN DR DELRAY BCH, FL 33445
TITLE NAME STREET ADDRESS CITY - ST - ZIP	DVS SEYBERT, WILLIAM E 4981 GARDEN DR DELRAY BCH, FL 33445
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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 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: Tamara K Seybert TAMARA K SEYBERT 1-6-05 561-638-7677
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #