


FILED
Mar 22, 2005 8:00 am
Secretary of State

02-24-2005 90026 028 ***150.00

**2005 FOR PROFIT CORPORATION
 ANNUAL REPORT**

DOCUMENT # P01000104341

1. Entity Name
 S.E.A.G., INC.



Principal Place of Business
 18501 MURDOCK CIRCLE 6TH FLOOR
 PORT CHARLOTTE, FL 33948

Mailing Address
 PO BOX 494274
 PORT CHARLOTTE, FL 33949

66006773



01142005 No Chg-P CR2E034 (10/03)

DO NOT WRITE IN THIS SPACE

4. FEI Number
 65-1149298

Applied For
 Not Applicable

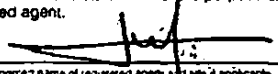
5. Certificate of Status Desired \$8.75 Additional Fee Required

6. Name and Address of Current Registered Agent

CLEMENT GRASLAND
24610 SANDHILL BLVD
PUNTA GORDA - FL. 33983
PO BOX 494274 - Port Charlotte 33949

**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:  DATE: **02-18-05**

Signature, typed or printed name of registered agent, or both, as applicable (NOTE: Registered Agent signature required when registering)

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

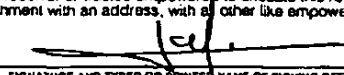
10. OFFICERS AND DIRECTORS

TITLE	D
NAME	GRASLAND, CLEMENT
STREET ADDRESS	PO BOX 494274
CITY-ST-ZIP	PORT CHARLOTTE, FL 339494274
TITLE	
NAME	
STREET ADDRESS	
CITY-ST-ZIP	
TITLE	
NAME	
STREET ADDRESS	
CITY-ST-ZIP	
TITLE	
NAME	
STREET ADDRESS	
CITY-ST-ZIP	

Taxpayer Copy

**DO NOT WRITE
 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:  DATE: **02-18-05** (941)6282518

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR