

**2004 FOR PROFIT CORPORATION  
ANNUAL REPORT**

**FILED**  
**Apr 16, 2004 08:00 AM**  
**Secretary of State**

DOCUMENT # P02000008908

1. Entity Name  
SEAWAY PREMIUM FINANCE COMPANY



Principal Place of Business  
955 EXECUTIVE PKWY., STE. 201  
ST. LOUIS, MO 63141

Mailing Address  
955 EXECUTIVE PKWY., STE. 201  
ST. LOUIS, MO 63141



04052004 No Chg-P CR2E034 (10/03)

**DO NOT WRITE IN THIS SPACE**

4. FEI Number  
75-3021377

Applied For  
Not Applicable

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

**6. Name and Address of Current Registered Agent**

DOWD, FRANCINE  
1212 WEST LOS OLAS BLVD.  
FT. LAUDERDALE, FL 33312

**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 reinstating)

DATE

**FILE NOW!!! FEE IS \$150.00  
After May 1, 2004 Fee will be \$550.00**

9. Election Campaign Financing  
Trust Fund Contribution. ☐

**\$5.00** May Be  
Added to Fees

U000000115786  
04/16/04-80038-008 158.75

**10. OFFICERS AND DIRECTORS**

TITLE NAME STREET ADDRESS CITY - ST - ZIP	PD RAND, MICHAEL 2495 MAIN ST., STE 209 BUFFALO, NY 14214
TITLE NAME STREET ADDRESS CITY - ST - ZIP	SD RAND, MARK 21 PRINCETON PLACE ORCHARD PARK, NY 14427
TITLE NAME STREET ADDRESS CITY - ST - ZIP	TD HARRIS, KEVIN 2495 MAIN ST., STE 2309 BUFFALO, NY 14214
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 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: \_\_\_\_\_

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

4/13/04  
Date

716-832-8804  
Daytime Phone #