

# 2005 FOR PROFIT CORPORATION ANNUAL REPORT

**FILED**  
**Mar 09, 2005 08:00 AM**  
**Secretary of State**

|                                                   |                                                                                   |
|---------------------------------------------------|-----------------------------------------------------------------------------------|
| <b>DOCUMENT #</b> P02000017730                    |  |
| <b>1. Entity Name</b><br>SEABAY DEVELOPMENT, INC. |                                                                                   |

|                                                                            |                                                                |
|----------------------------------------------------------------------------|----------------------------------------------------------------|
| <b>Principal Place of Business</b><br>4766 HWY 280<br>BIRMINGHAM, AL 35242 | <b>Mailing Address</b><br>4766 HWY 280<br>BIRMINGHAM, AL 35242 |
|----------------------------------------------------------------------------|----------------------------------------------------------------|

**DO NOT WRITE IN THIS SPACE**



01262005 No Chg-P CR2E034 (10/03)

|                                    |                                      |
|------------------------------------|--------------------------------------|
| <b>4. FEI Number</b><br>30-0073369 | <b>Applied For</b><br>Not Applicable |
|------------------------------------|--------------------------------------|

|                                                                  |                                       |
|------------------------------------------------------------------|---------------------------------------|
| <b>5. Certificate of Status Desired</b> <input type="checkbox"/> | <b>\$8.75 Additional Fee Required</b> |
|------------------------------------------------------------------|---------------------------------------|

|                                                                                                                                                          |                                   |
|----------------------------------------------------------------------------------------------------------------------------------------------------------|-----------------------------------|
| <b>6. Name and Address of Current Registered Agent</b><br>2005 FI<br>DINWIDDIE, SHARON ESQUIRE<br>221 MCKENZIE AVE<br>PANAMA CITY, FL 32401<br>Y DEVELOP | <b>DO NOT WRITE IN THIS SPACE</b> |
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**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.**

|                              |             |
|------------------------------|-------------|
| <b>SIGNATURE</b> [Signature] | <b>DATE</b> |
|------------------------------|-------------|

|                                                                                     |                                                                                                                               |
|-------------------------------------------------------------------------------------|-------------------------------------------------------------------------------------------------------------------------------|
| <b>FILE NOW!!! FEE IS \$150.00</b><br><b>After May 1, 2005 Fee will be \$550.00</b> | <b>9. Election Campaign Financing</b><br>Trust Fund Contribution. <input type="checkbox"/> <b>\$5.00 May Be Added to Fees</b> |
|-------------------------------------------------------------------------------------|-------------------------------------------------------------------------------------------------------------------------------|

| 10. OFFICERS AND DIRECTORS                                                                                                                    |                                                                                            |
|-----------------------------------------------------------------------------------------------------------------------------------------------|--------------------------------------------------------------------------------------------|
| <b>TITLE</b><br>PD<br><b>NAME</b><br>OSBORN, MARK E<br><b>STREET ADDRESS</b><br>4766 HWY 280<br><b>CITY-ST-ZIP</b><br>BIRMINGHAM, AL 35242    | <p>000000257371<br/>03/09/05-80052-020 150.00</p> <p><b>DO NOT WRITE IN THIS SPACE</b></p> |
| <b>TITLE</b><br>VD<br><b>NAME</b><br>FLEISHER, DAVID E<br><b>STREET ADDRESS</b><br>4766 HWY 280<br><b>CITY-ST-ZIP</b><br>BIRMINGHAM, AL 35242 |                                                                                            |
| <b>TITLE</b><br>PD<br><b>NAME</b><br>OSBORN, MARCUS B<br><b>STREET ADDRESS</b><br>4766 HWY 280<br><b>CITY-ST-ZIP</b><br>BIRMINGHAM, AL 35242  |                                                                                            |
| <b>TITLE</b><br>AS<br><b>NAME</b><br>[Illegible]<br><b>STREET ADDRESS</b><br>[Illegible]<br><b>CITY-ST-ZIP</b><br>[Illegible]                 |                                                                                            |
| <b>TITLE</b><br>[Illegible]<br><b>NAME</b><br>[Illegible]<br><b>STREET ADDRESS</b><br>[Illegible]<br><b>CITY-ST-ZIP</b><br>[Illegible]        |                                                                                            |
| <b>TITLE</b><br>PD<br><b>NAME</b><br>OSBORN, [Illegible]<br><b>STREET ADDRESS</b><br>4766 HWY 2<br><b>CITY-ST-ZIP</b><br>BIRMINGHAM, AL 35242 |                                                                                            |

**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 in an attachment with an address, with all other like empowered.**

|                              |                     |                                       |
|------------------------------|---------------------|---------------------------------------|
| <b>SIGNATURE</b> [Signature] | <b>DATE</b> 3/10/05 | <b>Daytime Phone #</b> (205) 941-3995 |
|------------------------------|---------------------|---------------------------------------|