2008 FOR PROFIT CORPORATION ANNUAL REPORT

FILED Mar 07, 2008 08:00 A DOCUMENT # P02000030180 **Secretary of State** 1. Entity Name SEEK AND SEAL AUTOMOTIVE, NORTHEAST, INC. Principal Place of Business Mailing Address 3061 MALCOLM DRIVE **3061 MALCOLM DRIVE** DELTONA, FL 32738 DELTONA, FL 32738 01232008 No Cha-P CR2E034 (11/05) DO NOT WRITE IN THIS SPACE Applied For 4. FEI Number 03-0414260 Not Applicable \$8.75 Additional 5. Certificate of Status Desired Fee Required 6. Name and Address of Current Registered Agent SAMPSON, PAUL DO NOT WRITE 3061 MALCOLM DRIVE DELTONA, FL 32738 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 DATE (NOTE: Registered Agent signature required when reinstating) 9. Election Campaign Financing \$5.00 May Be FILE NOW!!! FEE IS \$150.00 After May 1, 2008 Fee will be \$550.00 Trust Fund Contribution. Added to Fees OFFICERS AND DIRECTORS 10. TITLE NAME SAMPSON, PAUL STREET ADDRESS 3061 MALCOLM DRIVE CITY - ST - 7IP DELTONA, FL 32738 U00000850595 TITLE NAME 03/25/08-80003-021 150.00 STREET ADDRESS CITY-ST-ZIP TILE NAME STREET ADDRESS DO NOT WRITE CITY-ST-ZIP TITLE IN THIS SPACE NAME STREET ADDRESS CITY-ST-ZIP TITLE NAME STREET ADDRESS CITY-ST-ZIP TITLE NAME STREET ADORESS CITY-ST-ZIP 12. I hereby certify that the information supplied with this filling does not qualify for the exemptions contained in Chapter 119, Florida Statutes. I further certify that the information indicated on this report or supplications 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 tossee 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 of the empowered. SIGNATURE:

TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR