

2004 FOR PROFIT CORPORATION ANNUAL REPORT

FILED
Apr 30, 2004 8:00 am
Secretary of State

04-30-2004 90361 047 ***150.00

DOCUMENT # P02000071376					
1. Entity Name SEEYA ENTERPRISES, INC.					
Principal Place of Business 10100 KINGSWOOD LANE PORT RICHEY, FL 34668-3723			Mailing Address 10100 KINGSWOOD LANE PORT RICHEY, FL 34668-3723		
2. Principal Place of Business 13114 Lucille Drive Suite, Apt. #, etc.		3. Mailing Address 13114 Lucille Drive Suite, Apt. #, etc.			
City & State Hudson, Florida Zip 34669 Country USA		City & State Hudson, Florida Zip 34669 Country USA		4. FEI Number 04-3691127	
5. Certificate of Status Desired <input type="checkbox"/> \$8.75 Additional Fee Required				Applied For Not Applicable	
6. Name and Address of Current Registered Agent BOLIN, ANTHONY D 10100 KINGSWOOD LANE PORT RICHEY, FL 34668-3723			7. Name and Address of New Registered Agent Name Street Address (P.O. Box Number is Not Acceptable) 13114 Lucille Drive City Hudson FL Zip Code 34669		
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 <i>Anthony D. Bolin</i> (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. <input type="checkbox"/> \$5.00 May Be Added to Fees			
10. OFFICERS AND DIRECTORS			11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11		
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D BOLIN, ANTHONY D 10100 KINGSWOOD LANE PORT RICHEY, FL 346683723		TITLE NAME STREET ADDRESS CITY-ST-ZIP	DPS 13114 Lucille Drive Hudson, Florida 34669	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete		TITLE NAME STREET ADDRESS CITY-ST-ZIP	DT Brooke A. Bolin 13114 Lucille Drive Hudson, Florida 34669	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete		TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete		TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete		TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete		TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition	
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: <i>Anthony D. Bolin</i>		Anthony D. Bolin, President		4/21/2004 727-514-9313	
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR		Date		Daytime Phone #	