


**2005 FOR PROFIT CORPORATION
ANNUAL REPORT**

FILED
Jan 18, 2005 8:00 am
Secretary of State

01-18-2005 90037 007 ***150.00

DOCUMENT # P02000087595

1. Entity Name
SEAWAY PLUMBING, INC.



Principal Place of Business Mailing Address

3090 SE 4TH PLACE **3090 SE 4TH PLACE**
HOMESTEAD, FL 33033 US **HOMESTEAD, FL 33033 US**


40001845

2. Principal Place of Business 3. Mailing Address

14 BARRACUDA LN **14 BARRACUDA LN**
Suite, Apt. #, etc. Suite, Apt. #, etc.
OLEAN REEF **OLEAN REEF**

City & State City & State

KEY LARGO, FL **KEY LARGO, FL**
Zip Country Zip Country
33037 **USA** **33037** **USA**



01062005 Chg-P CR2E034 (10/03)

4. FEI Number Applied For
37-1438617 Not Applicable

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

6. Name and Address of Current Registered Agent

BUCK, SHAWN D
3090 SE 4TH PLACE
HOMESTEAD, FL 33033

7. Name and Address of New Registered Agent

Name _____
Street Address (P.O. Box Number is Not Acceptable) _____
City _____ **FL** Zip Code _____

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 _____
Signature, typed or printed name of registered agent and title, if applicable. (NOTE: Registered Agent signature required when re-statuting)

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		11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	DP BUCK, SHAWN D 3090 SE 4TH PLACE HOMESTEAD, FL 33033 <input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
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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:  _____
SIGNATURE AND TYPED OR PRINTED NAME OF REGISTERED OFFICER OR DIRECTOR

Date _____ Daytime Phone # _____