


**2005 FOR PROFIT CORPORATION
ANNUAL REPORT**

FILED
May 06, 2005 08:00 AM
Secretary of State

DOCUMENT # P02000114252		
1. Entity Name SEE-N-IT CORPORATION		
Principal Place of Business 434 S.W. 10TH AVE. BOYNTON BEACH, FL 33435	Mailing Address 434 S.W. 10TH AVE. BOYNTON BEACH, FL 33435	
DO NOT WRITE IN THIS SPACE		
6. Name and Address of Current Registered Agent WEST, KRISTINE C 434 S.W. 10TH AVENUE BOYNTON BEACH, FL 33435		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 _____ <small>Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating)</small>		
FILE NOW!!! FEE IS \$150.00 Due by September 7, 2005		9. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/> \$5.00 May Be Added to Fees
10. OFFICERS AND DIRECTORS		In accordance with s. 607.193(2)(b), F.S., the corporation did not receive the prior notice.
TITLE NAME STREET ADDRESS CITY-ST-ZIP	P WEST, KRISTINE C 434 S.W. 10TH AVE. BOYNTON BEACH, FL 33435	DO NOT WRITE IN THIS SPACE
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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 807, 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: <u>Kristine C. West</u> <u>Kristine C. West, President</u>		4/20/05 541-736-6230



05042005 No Chg-P CR2E034 (10/03)

4. FEI Number
30-0124729

Applied For
Not Applicable

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

05/06/05-80029-017 150.00