


# 2008 FOR PROFIT CORPORATION ANNUAL REPORT

**FILED**  
**Apr 10, 2008 8:00 am**  
**Secretary of State**

04-10-2008 90028 038 \*\*\*150.00

<b>DOCUMENT # P03000052314</b> 1. Entity Name <b>SEABOARD AUTO CORPORATION</b>					
Principal Place of Business <b>145 SEABOARD AVENUE VENICE, FL 34292</b>			Mailing Address <b>145 SEABOARD AVENUE VENICE, FL 34292</b>		
2. Principal Place of Business - No P.O. Box # <b>512 CYPRESS</b>		3. Mailing Address <b>512 CYPRESS</b>			
Suite, Apt. #, etc.		Suite, Apt. #, etc.			
City & State <b>VENICE, FL</b>		City & State <b>VENICE FL</b>		4. FEI Number <b>65-0765178</b>	
Zip <b>34292</b>		Country <b>USA</b>		5. Certificate of Status Desired <input type="checkbox"/> <b>\$8.75 Additional Fee Required</b>	
6. Name and Address of Current Registered Agent  <b>MENARD, WILLIAM 145 SEABOARD AVE VENICE, FL 34292</b>		7. Name and Address of New Registered Agent Name <b>WILLIAM MENARD</b> Street Address (P.O. Box Number is Not Acceptable) <b>512 CYPRESS</b> City <b>VENICE</b> <b>FL</b> Zip Code <b>34292</b>			
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) DATE</small>					
<b>FILE NOW!!! FEE IS \$150.00 After May 1, 2008 Fee will be \$550.00</b>		9. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/> <b>\$5.00 May Be Added to Fees</b>			
<b>10. OFFICERS AND DIRECTORS</b>			<b>11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11</b>		
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<b>D</b> <b>MENARD, WILLIAM M</b> <b>1149 SLEEPY HOLLOW COURT</b> <b>VENICE, FL 34292</b> <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	<b>D</b> <b>MENARD, PINKY</b> <b>1149 SLEEPY HOLLOW COURT</b> <b>VENICE, FL 34292</b> <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 exemptions contained in Chapter 119, 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.					
<b>SIGNATURE:</b> <u>William W. Menard</u> <small>SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR</small>			<b>3-25-08</b> <small>Date Daytime Phone #</small>		