

#150

2005 FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT # P03000057578

1. Entity Name

SEABROOK DEVELOPMENT CORPORATION



FILED

05 APR 19 PM 3:01

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

Principal Place of Business

930 THOMASVILLE RD STE 105
TALLAHASSEE, FL 32303

Mailing Address

930 THOMASVILLE RD STE 105
TALLAHASSEE, FL 32303

2. Principal Place of Business

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

Zip

Country

Zip

Country

04192005

Chg-P

CR2E034 (10/03)

4. FEI Number

APPLIED FOR 81-061421

Applied For

Not Applicable

5. Certificate of Status Desired

☐ \$8.75 Additional
Fee Required

6. Name and Address of Current Registered Agent

WOODARD, L.A. JR
930 THOMASVILLE RD STE 105
TALLAHASSEE, FL 32303

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

Signature, typed or printed name of registered agent and title if applicable.

(NOTE: Registered Agent signature required when reinstating)

DATE

**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

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIPD
PRESSNELL, ROD
930 THOMASVILLE RD STE 105
TALLAHASSEE, FL 32303☒ DeleteTITLE
NAME
STREET ADDRESS
CITY-ST-ZIPD
PRESSNELL, CHRIS
930 THOMASVILLE RD STE 105
TALLAHASSEE, FL 32303☒ DeleteTITLE
NAME
STREET ADDRESS
CITY-ST-ZIPD
REDISH, GARY
930 THOMASVILLE RD STE 105
TALLAHASSEE, FL 32303☐ DeleteTITLE
NAME
STREET ADDRESS
CITY-ST-ZIPD
WOODARD, L.A.
930 THOMASVILLE RD STE 105
TALLAHASSEE, FL 32303☐ DeleteTITLE
NAME
STREET ADDRESS
CITY-ST-ZIP☐ DeleteTITLE
NAME
STREET ADDRESS
CITY-ST-ZIP☐ Delete

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP☐ Change ☐ Addition800054127158
05/10/05--01013--004 **300.00TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP☐ Change ☐ AdditionTITLE
NAME
STREET ADDRESS
CITY-ST-ZIP☐ Change ☐ AdditionTITLE
NAME
STREET ADDRESS
CITY-ST-ZIP☐ Change ☐ AdditionTITLE
NAME
STREET ADDRESS
CITY-ST-ZIP☐ Change ☐ AdditionTITLE
NAME
STREET ADDRESS
CITY-ST-ZIP☐ Change ☐ 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 SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

4-1907