


**2004 FOR PROFIT CORPORATION ANNUAL REPORT**

**FILED**  
**Feb 25, 2004 8:00 am**  
**Secretary of State**

02-25-2004 90055 016 \*\*\*150.00

DOCUMENT # P03000059285			
1. Entity Name SEATOWN PROPERTIES, INC.			
Principal Place of Business 259 CENTER AVE SANTA ROSA BEACH, FL 32459		Mailing Address 259 CENTER AVE SANTA ROSA BEACH, FL 32459	
2. Principal Place of Business 2395 W Co Hwy 30-A Suite, Apt. #, etc.		3. Mailing Address 2395 W Co Hwy 30-A Suite, Apt. #, etc.	
City & State BLUE MOUNTAIN BEACH, FL		City & State BLUE MOUNTAIN BEACH, FL	
Zip 32459	Country USA	Zip 32459	Country USA
4. FEI Number 43-2017696		Applied For <input type="checkbox"/> Not Applicable	
5. Certificate of Status Desired <input type="checkbox"/>		\$8.75 Additional Fee Required	
6. Name and Address of Current Registered Agent PQRATH, SHANNON L ESQ. 2441 U.S. HWY 98 E 108 SANTA ROSA BEACH, FL 32459		7. Name and Address of New Registered Agent Name Street Address (P.O. Box Number is Not Acceptable) 56 SPIRES LANE #16A City SANTA ROSA BEACH FL Zip Code 32459	
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 _____ (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	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
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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 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: LYN C. STAFFORD <i>Lyn C. Stafford</i>		Date: 2/20/2004 Daytime Phone #: 866-622-0725	