



# 2004 FOR PROFIT CORPORATION ANNUAL REPORT

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

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

<b>DOCUMENT # P03000059285</b>					
<b>1. Entity Name</b> SEATOWN PROPERTIES, INC.					
<b>Principal Place of Business</b> 259 CENTER AVE SANTA ROSA BEACH, FL 32459			<b>Mailing Address</b> 259 CENTER AVE SANTA ROSA BEACH, FL 32459		
<b>2. Principal Place of Business</b> 2395 W Co Hwy 30-A Suite, Apt. #, etc.		<b>3. Mailing Address</b> 2395 W Co Hwy 30-A Suite, Apt. #, etc.			
<b>City &amp; State</b> BLUE MOUNTAIN BEACH, FL Zip: 32459 Country: USA		<b>City &amp; State</b> BLUE MOUNTAIN BEACH, FL Zip: 32459 Country: USA		<b>4. FEI Number</b> 43-2017696	
<b>5. Certificate of Status Desired</b> <input type="checkbox"/> <b>\$8.75 Additional Fee Required</b>				Applied For <input type="checkbox"/> Not Applicable <input type="checkbox"/>	
<b>6. Name and Address of Current Registered Agent</b> PQRATH, SHANNON L ESQ. 2441 U.S. HWY 98 E 108 SANTA ROSA BEACH, FL 32459			<b>7. Name and Address of New Registered Agent</b> Name: _____ Street Address (P.O. Box Number is Not Acceptable): 56 SPIRES LANE #16A City: SANTA ROSA BEACH FL Zip Code: 32459		
<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.</b>					
SIGNATURE: _____ (NOTE: Registered Agent signature required when reinstating) DATE: _____					
<b>FILE NOW!!! FEE IS \$150.00</b> <b>After May 1, 2004 Fee will be \$550.00</b>		<b>9. Election Campaign Financing</b> <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	<input type="checkbox"/> Delete		TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition	
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<b>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.</b>					
<b>SIGNATURE: LYN C. STAFFORD</b> <i>Lyn C. Stafford</i> <b>2/20/2004</b> <b>866-622-0725</b>					