

2005 FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# P03000059285

FILED
Jan 27, 2005
Secretary of State

Entity Name: SEATOWN PROPERTIES, INC.

Current Principal Place of Business:

2395 W CO HWY 30-A
BLUE MOUNTAIN BEACH, FL 32459

New Principal Place of Business:

Current Mailing Address:

2395 W CO HWY 30-A
BLUE MOUNTAIN BEACH, FL 32459

New Mailing Address:

FEI Number: 43-2017696 FEI Number Applied For () FEI Number Not Applicable () Certificate of Status Desired ()

Name and Address of Current Registered Agent:

PORATH, SHANNON L ESQ.
56 SPIRES LANE #16A
SANTA ROSA BEACH, FL 32459 US

Name and Address of New Registered Agent:

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.

SIGNATURE: _____

Electronic Signature of Registered Agent

_____ Date

Election Campaign Financing Trust Fund Contribution ().

OFFICERS AND DIRECTORS:

Title: P/C () Delete
Name: STAFFORD, LYN C
Address: 259 CENTER AVE.
City-St-Zip: SANTA ROSA BEACH, FL 32459

Title: VD (X) Delete
Name: BROSCO, WILLIAM R
Address: 469 LAKE VIEW DR.
City-St-Zip: SANTA ROSA BEACH, FL 32459

Title: D () Delete
Name: JOHNS, WALTER C
Address: 5541 GOODWIN AVE
City-St-Zip: DALLAS, TX 75206

Title: D () Delete
Name: BULLOCK, WILLIAM
Address: 1205 SHANNON DR.
City-St-Zip: SANTA ROSA BEACH, FL 32459

Title: T () Delete
Name: MARSH, JOHN A
Address: 2395 W. CO HWY 30-A
City-St-Zip: SANTA ROSA BEACH, FL 32459

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

Title: () Change () Addition
Name:
Address:
City-St-Zip:

Title: () Change () Addition
Name:
Address:
City-St-Zip:

Title: () Change () Addition
Name:
Address:
City-St-Zip:

Title: () Change () Addition
Name:
Address:
City-St-Zip:

Title: () Change () Addition
Name:
Address:
City-St-Zip:

I hereby certify that the information supplied with this filing does not qualify for the 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 electronic 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 above, or on an attachment with an address, with all other like empowered.

SIGNATURE: LYN C. STAFFORD

Electronic Signature of Signing Officer or Director

P

01/27/2005

_____ Date