


2004 FOR PROFIT CORPORATION ANNUAL REPORT

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

02-25-2004 90055 017 ***150.00

DOCUMENT # P03000071995	
1. Entity Name SEATOWN PROPERTIES REFERRAL COMPANY	

Principal Place of Business 259 CENTER AVE SANTA ROSA BEACH, FL 32459	Mailing Address 259 CENTER AVE SANTA ROSA BEACH, FL 32459
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2. Principal Place of Business 2395 W. Co. Hwy 30-A	3. Mailing Address 2395 W. Co. Hwy 30-A
Suite, Apt. #, etc.	Suite, Apt. #, etc.

City & State SANTA ROSA BEACH, FL	City & State SANTA ROSA BEACH, FL
Zip 32459	Zip 32459
Country USA	Country USA

02152004 Chg-P CR2E034 (10/03)

4. FEI Number	<input checked="" type="checkbox"/> 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 PORATH, SHANNON L. ESQ. 2441 U.S. HWY 98 E 108 SANTA ROSA BEACH, FL 32459	
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7. Name and Address of New Registered Agent Name PORATH, SHANNON L. ESQ Street Address (P.O. Box Number is Not Acceptable) 56 SPIRES LANE #16A City SANTA ROSA BEACH FL Zip Code 32459	
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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
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10. OFFICERS AND DIRECTORS		11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	P STAFFORD, LYN 259 CENTER AVE SANTA ROSA BEACH, FL 32459 <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	<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 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** *Lyn C. Stafford* **2-20-2004** **866-622-0775**
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #