

**2008 FOR PROFIT CORPORATION ANNUAL REPORT**

**FILED**  
**Jun 05, 2008 08:00 AM**  
**Secretary of State**

DOCUMENT # P04000011026

1. Entity Name  
 GARY SEWARD, INC.



Principal Place of Business  
 2790 THORNBERRY COURT  
 DELTONA, FL 32738

Mailing Address  
 2790 THORNBERRY COURT  
 DELTONA, FL 32738



04142008 No Chg-P CR2E034 (11/05)

**DO NOT WRITE IN THIS SPACE**

4. FEI Number  
 90-0134202 Applied For  
 Not Applicable

5. Certificate of Status Desired  \$8.75 Additional Fee Required

**6. Name and Address of Current Registered Agent**

SEWARD, GARY  
 2790 THORNBERRY COURT  
 DELTONA, FL 32738

**DO NOT WRITE IN THIS SPACE**

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

(NOTE: Registered Agent signature required when reinstating)

5/22/08  
DATE

**FILE NOW!!! FEE IS \$150.00**  
**After May 1, 2008 Fee will be \$550.00**

9. Election Campaign Financing Trust Fund Contribution.  \$5.00 May Be Added to Fees

U000000952806  
 06/05/08-80002-022 150.00

**10. OFFICERS AND DIRECTORS**

TITLE P  
 NAME SEWARD, GARY  
 STREET ADDRESS 2790 THORNBERRY COURT  
 CITY-ST-ZIP DELTONA, FL 32738

TITLE  
 NAME  
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 CITY-ST-ZIP

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 NAME  
 STREET ADDRESS  
 CITY-ST-ZIP

**DO NOT WRITE IN THIS SPACE**

12. I hereby certify that the information supplied with this filing does not qualify for the exemptions contained in Chapter 119, 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: *Gary Seward*  
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

5/22/08 386 860 6811  
Date Daytime Phone #