


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**

DO NOT WRITE IN THIS SPACE



04142008 No Chg-P CR2E034 (11/05)

4. FEI Number 90-0134202	Applied For Not Applicable
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5. Certificate of Status Desired **\$8.75 Additional Fee Required**

8. 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* DATE 5/22/08
Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating)

**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 NAME STREET ADDRESS CITY-ST-ZIP	P SEWARD, GARY 2790 THORNBERRY COURT DELTONA, FL 32738
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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* DATE 5/22/08 386 860 6811
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #