

2005 FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# P04000082274

Entity Name: SEERS, INC.

FILED
Apr 04, 2005
Secretary of State

Current Principal Place of Business:

7001 GASPARILLA RD
UNIT B
PORT CHARLOTTE, FL 33981

New Principal Place of Business:

Current Mailing Address:

7001 GASPARILLA RD
UNIT B
PORT CHARLOTTE, FL 33981

New Mailing Address:

FEI Number: 20-1199050

FEI Number Applied For ()

FEI Number Not Applicable ()

Certificate of Status Desired ()

Name and Address of Current Registered Agent:

ODOM, JOHN
7001 GASPARILLA RD
UNIT B
PORT CHARLOTTE, FL 33981 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: PD () Delete
Name: SCHMIDT, DAVE
Address: 1160 GREAT FALLS AVE NW
City-St-Zip: PORT CHARLOTTE, FL 33948

Title: VD () Delete
Name: CHENAULT, BRIAN KEITH
Address: 1272 ARMSDALE AVE
City-St-Zip: PORT CHARLOTTE, FL 33948

Title: STD () Delete
Name: ODOM, JOHN
Address: 17449 CAFERO ST
City-St-Zip: PORT CHARLOTTE, FL 33948

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

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

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

Title: STD (X) Change () Addition
Name: ODOM, JOHN
Address: 17449 CAFERO ST
City-St-Zip: PORT CHARLOTTE, FL 33948

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: DAVE SCHMIDT

PD

04/04/2005

Electronic Signature of Signing Officer or Director

Date