2007 FOR PROFIT CORPORATION ANNUAL REPORT

FILED
Feb 06, 2007
Secretary of State

DOCUMENT# P04000082274

Entity Name: SEERS, INC.

Current Principal Place of Business:

7001 GASPARILLA RD
UNIT B
PORT CHARLOTTE, FL 33981

New Principal Place of Business:

4344 LAURA ST
PORT CHARLOTTE, FL 33980

Current Mailing Address:

4344 LAURA ST
PORT CHARLOTTE, FL 33980

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:

ODOM, JOHN
4344 LAURA ST
PORT CHARLOTTE, FL 33980 US

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: JOHN ODOM 02/06/2007
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 CAFERRO 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: ( ) 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 Chapter 119, 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 02/06/2007
Electronic Signature of Signing Officer or Director Date