

**2007 FOR PROFIT CORPORATION
ANNUAL REPORT**

FILED
Mar 12, 2007 08:00 AM
Secretary of State

DOCUMENT # P04000114723

1. Entity Name
SEAL TITE EXTERIORS OF N.F., INC.



Principal Place of Business
**12754 N COUNTRY RD 125
GLEN SAINT MARY, FL 32040**

Mailing Address
**12754 N COUNTRY RD 125
GLEN SAINT MARY, FL 32040**



01252007 No Chg-P CR2E034 (11/05)

DO NOT WRITE IN THIS SPACE

4. FEI Number
81-0653318

Applied For
Not Applicable

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

6. Name and Address of Current Registered Agent

**SEYMOUR, MELANIE
12754 N COUNTY RD 125
GLEN SAINT MARY, FL 32040**

**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 _____ (NOTE: Registered Agent signature required when reinstating) DATE _____

**FILE NOW!!! FEE IS \$150.00
After May 1, 2007 Fee will be \$550.00**

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

10. OFFICERS AND DIRECTORS

TITLE
P
NAME
SEYMOUR, MELANIE
STREET ADDRESS
12754 N COUNTY RD 125
CITY-ST-ZIP
GLEN SAINT MARY, FL 32040

TITLE
T
NAME
SEYMOUR, TREVOR C
STREET ADDRESS
12754 N COUNTY RD 125
CITY-ST-ZIP
GLEN SAINT MARY, FL 32040

TITLE
D
NAME
SEYMOUR, TIMOTHY R
STREET ADDRESS
12754 N COUNTRY RD 125
CITY-ST-ZIP
GLEN SAINT MARY, FL 32040

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE
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CITY-ST-ZIP

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP

U000000862584
03/21/07-80019-022 150.00

**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: *Melanie Seymour* **Melanie Seymour** **3-5-07** **904-259-9629**
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #