

**2008 FOR PROFIT CORPORATION
ANNUAL REPORT**

FILED
Apr 07, 2008 08:00 A
Secretary of State

DOCUMENT # P04000114723

1. Entry 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



02252008 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 <input type="checkbox"/>	\$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 _____
Signature, typed or printed name of registered agent and title if applicable (NOTE: Registered Agent signature required when renewing) 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

000000883463

04/17/08-80004-023 150.00

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	
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: Melanie Seymour Melanie Seymour 3-29-08 904-651-0911
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #