

# 2007 FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# P04000137784

Entity Name: SEADEK, INC.

FILED  
Apr 28, 2007  
Secretary of State

## Current Principal Place of Business:

485 GUS HIPP BLVD  
ROCKLEDGE, FL 32955

## New Principal Place of Business:

## Current Mailing Address:

485 GUS HIPP BLVD  
ROCKLEDGE, FL 32955

## New Mailing Address:

FEI Number: 27-0107236

FEI Number Applied For ( )

FEI Number Not Applicable ( )

Certificate of Status Desired ( )

## Name and Address of Current Registered Agent:

SUNDIN, GLENN T  
335 PLUMOSA STREET  
MERRITT ISLAND, FL 32952 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: DST ( ) Delete  
Name: WILSON, KURT D  
Address: 1225 S ORLANDO AVE  
City-St-Zip: COCOA BEACH, FL 32931

Title: DP ( ) Delete  
Name: WILSON, JAMES C III  
Address: 1279 S ORLANDO AVE UNIT 4A  
City-St-Zip: COCOA BEACH, FL 32931

Title: DV ( ) Delete  
Name: GARDNER, JASON  
Address: 1635 MOUNTAINVIEW RD  
City-St-Zip: OCEANSIDE, CA 92054

Title: DV ( ) Delete  
Name: YATES, CHARLES G III  
Address: 331 AVENIDA DEL SOL  
City-St-Zip: INDIALANTIC, FL 32903

Title: DV ( ) Delete  
Name: ESTES, ANTHONY R  
Address: 846 WESTPORT DR  
City-St-Zip: ROCKLEDGE, FL 32903

## 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:

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 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: JAMES C. WILSON, III

PRES

04/28/2007

Electronic Signature of Signing Officer or Director

\_\_\_\_\_ Date