

2005 FOR PROFIT CORPORATION ANNUAL REPORT

FILED
Mar 14, 2005 8:00 am
Secretary of State

03-14-2005 90083 041 ***150.00

DOCUMENT # P04000157099					
1. Entity Name SEAWARD PROPERTIES, INC.					
Principal Place of Business 140 EAST PINE ST. ST. GEORGE ISLAND, FL 32328			Mailing Address 175 SANDY LANE PORT ST. JOE, FL 32456		
2. Principal Place of Business 140 E. Pine Street Suite, Apt. #, etc.		3. Mailing Address 140 E. Pine Street Suite, Apt. #, etc.			
City & State St. George Island, FL		City & State St. George Island, FL		4. FEI Number 34-2030523	
Zip 32328		Country USA		5. Certificate of Status Desired <input type="checkbox"/> \$8.75 Additional Fee Required	
6. Name and Address of Current Registered Agent BARBARA SANDERS, P.A. 80 MARKET ST. APALACHICOLA, FL 32320			7. Name and Address of New Registered Agent Name: Clint Cothran Street Address (P.O. Box Number is Not Acceptable): 140 E. Pine Street City: St. George Island, FL Zip Code: 32328		
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: <i>Edgar C. Cothran</i> <u>Edgar C. Cothran/VP, Sec., Treas.</u> 1/19/05 <small>(NOTE: Registered Agent signature required when reinstating)</small>					
FILE NOW!!! FEE IS \$150.00 After May 1, 2005 Fee will be \$550.00			9. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/> \$5.00 May Be Added to Fees		
10. OFFICERS AND DIRECTORS			11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11		
TITLE NAME STREET ADDRESS CITY-ST-ZIP	P SIMS, CLAUDE 140 EAST PINE ST. ST. GEORGE ISLAND, FL 32328	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	VP COTHRAN, EDGAR C 140 EAST PINE ST. ST. GEORGE ISLAND, FL 32328	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition	
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12. I hereby certify that the information supplied with this filing does not qualify 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 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: <i>Edgar C. Cothran</i>			Edgar C. Cothran 1/19/05 (850)927-5117		
<small>SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR</small>			<small>Date Daytime Phone #</small>		