
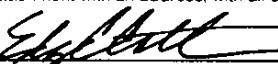


2008 FOR PROFIT CORPORATION ANNUAL REPORT

FILED
Mar 10, 2008 8:00 am
Secretary of State

03-10-2008 90070 013 ***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 140 EAST PINE ST. ST. GEORGE ISLAND, FL 32328		
2. Principal Place of Business - No P.O. Box #		3. Mailing Address P.O. Box 71029			
Suite, Apt. #, etc.		Suite, Apt. #, etc.			
City & State		City & State Albany, Georgia		4. FEI Number 34-2030523	
Zip		Country USA		5. Certificate of Status Desired <input type="checkbox"/> \$8.75 Additional Fee Required	
6. Name and Address of Current Registered Agent COTHRAN, CLINT 140 E PINE ST ST GEORGE ISLAND, FL 32328			7. Name and Address of New Registered Agent		
Name			Street Address (P.O. Box Number is Not Acceptable)		
City			FL Zip Code		
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, 2008 Fee will be \$550.00		9. Election Campaign Financing <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	VP COTHRAN, EDGAR C 140 EAST PINE ST. ST. GEORGE ISLAND, FL 32328	<input type="checkbox"/> Delete			
TITLE NAME STREET ADDRESS CITY-ST-ZIP	S COTHRAN, EDGAR C 140 EAST PINE ST. ST. GEORGE ISLAND, FL 32328	<input type="checkbox"/> Delete			
TITLE NAME STREET ADDRESS CITY-ST-ZIP	T 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"/> Delete				
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete				
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete				
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:  Edgar C. Cuthran				3-3-08 229-886-1018	
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR				Date Daytime Phone #	