2006 FOR PROFIT CORPORATION ANNUAL REPORT (AR)

FILED
Aug 29, 2006 8:00 am
Secretary of State
08-10-2006 90001 005 ***150.00

DOCUMENT # P05000102438

1. Entity Name
SEANIK CONSTRUCTION, INC.

Principal Place of Business	Mailing Address
1104 PALMETTO DRIVE NEW SMYRNA BEACH FL 32170	1104 PALMETTO DRIVE NEW SMYRNA BEACH FL 32170

2nd MOORE CR2E034 (4/06)

2. Principal Place of Business	3. Mailing Address
1104 Palmetto St.	1104 Palmetto Dr.
Suite, Apt. #, etc.	Suite, Apt. #, etc.
City & State: New Smyrna Bch. FL	City & State: New Smyrna Bch. FL.
Zip: 32170 Country: US	Zip: 32170 Country: US

4. FEI Number 20-3185789 ☐ Applied For ☐ Not Applicable

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

6. Name and Address of Current Registered Agent

CULVAR, NICHOLAS G
1104 PALMETTO DRIVE
NEW SMYRNA BEACH FL 32170

7. Name and Address of New Registered Agent

Name: Culver, Nicholas
Street Address (P.O. Box Number is Not Acceptable): 1104 Palmetto Dr.
City: New Smyrna Bch. FL Zip Code: 32170

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] DATE: 8-3-06
Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating)

FILE NOW!!! FEE IS $550.00
DUE BY September 6, 2006
Make Check Payable to Florida Department of State

S.607.193(2)(b), F.S., allows for the waiver of the $400.00 late fee. By checking this box, the corporation certifies it did not receive prior notice. Fee to file is $150.00 ☑

9. Election Campaign Financing Trust Fund Contribution. ☐ **$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	D CULVER, NICHOLAS G 1104 PALMETTO DRIVE NEW SMYRNA BEACH FL 32170	☐ Delete	TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	☐ Change ☐ Addition
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TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP		☐ Delete	TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	☐ Change ☐ Addition

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: [signature] Nick Culver — Date: 8-3-06 — Daytime Phone #: (386) 689-4613
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR