~2006 FOR PROFIT CORPORATION

ANNUAL REPORT (AR)

DOCUMENT # P05000134982

1. Entity Name

SEAVIEW PLACE DEVELOPERS, INC.



FILED Mar 16, 2006 8:00 am Secretary of State 02-27-2006 90087 012 ***150.00

				- CO 811						
Principal Plac	ce of Business	Mailing Address	Mailing Address							
5245 US HWY 19 NORTH NEW PORT RICHEY FL 34652			5245 US HWY 19 NORTH NEW PORT RICHEY FL 34652							
2. Principal Place of Business		3. Mailing Address	3. Mailing Address			rcinnsi tir deret detiti delli di	IIII ARIDI (IPRE JIK	arats this likin	1101001 JJ 10E1	
Suite, Apt. #, etc.		Suite, Apt. #, etc.	Suite, Apt. #, etc.		15	1st MOORE CR2E034 (10/05)				
City & State		City & State	City & State		4. FEI Numb		2/45	A	Applied For lot Applicable	
Zip	Country	Zip	Country		5. Certificate	e of Status Desired		\$8.75 Ac Fee Requir		
	Name and Address of Cu	urrent Registered Agent	Registered Agent			7. Name and Address of New Registered Agent				
				Name						
524	RDA, JOSEPH R. 5 US HWY 19 NORTH	250			Street Address (P.O. Box Number is Not Acceptable)					
NE	N PORT RICHEY FL 346	052								
				City			FL	Zip Co	de	
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 privided name of registered agent and title if applicable (NOTE: Registered Agent signature required when reinstaturg) DATE										
FILE NOW!! FEE IS \$150.00 After May 1, 2006 Fee Will Be \$550.00 Make Check Payable to Florida Department of State						9. Election Cam Trust Fund Co		+-	.00 May Be led to Fees	
10. OFFICERS AND DIRECTORS					ADDITIONS	CHANGES TO OF	FICERS AND	DIRECTOR	RS IN 11	
TITLE	DP	☐ Delete	TITLE			· · · · · · · · · · · · · · · · · · ·		Change	Addition	
NAME	BORDA, JOSEPH R.		NAM							
STREET ADDRESS	5245 US HWY 19 NORTH		STRE	ET ADDRESS						
CITY-ST-ZIP	NEW PORT RICHEY FL 3465	2	CITY-	·ST · ZIP						
TITLE		☐ Delete	TITLE					Change	☐ Addition	
NAME			NAM	:						
STREET ADDRESS			STRE	ET ADDRESS						
CITY-ST-ZIP			CITY-	-ST-ZIP						
THILE		☐ Delete	TITLE					☐ Change	Addition	
NAME		r	NAME							
STREET ADDRESS			1	T ADDRESS						
CITY-ST-ZIP	<u> </u>			ST-ZIP						
TITLE		☐ Delete	TITLE					☐ Change	Addition	
NAME			NAME							
STREET ADDRESS CITY-ST-ZIP				T ADDRESS ST-ZIP						
										
TITLE		☐ Delete	TITLE	1				☐ Change	Addition	
NAME CIDECT ADDRESS			NAME	1						
STREET ADDRESS CITY-ST-ZIP				T ADDRESS ST-ZIP						
								<u></u>	T + 100	
TITLE		☐ Delete	TITLE					Change	Addition	
NAME STREET ADDRESS			NAME STREE	T ADDRESS						
CITY-ST-ZIP				ST-ZIP						
			5,,13							

12. I hereby certify that the information supplied with this filing does not qualify for the exemptions contained in Section 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 it made under oath; that I am an officer or director of the corporation or the receiver or flusted 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 file empowered.

SIGNATURE:

Division of Corporations

20-380=2145



105

March 2, 2006

SEAVIEW PLACE DEVELOPERS, INC. 5245 US HWY 19 NORTH NEW PORT RICHEY, FL 34652

Subject: SEAVIEW PLACE DEVELOPERS, INC.

Reference Number:

P05000134982

Please be advised, we have received your annual report/uniform business report and your check(s) totaling \$150.00; however, the report <u>has not been filed</u> and a copy is being returned for the following correction(s):

Please complete Block 4 by entering your Federal Employer Identification (FEI) number or by checking the appropriate box. If "APPLIED FOR" is preprinted in Block 4, you MUST now provide the FEI number. A Social Security number is not considered to be the same as the FEI number. For FEI number assistance, call the IRS at (800) 829-1040.

The annual report/uniform business report must be signed by an officer or director of the corporation.

After the corrections have been made, please return the report to: Division of Corporations, P.O. Box 1500, Tallahassee, Florida 32302-1500 within 30 days from the date of this letter.

If you have additional questions or need further assistance, please call the Division of Corporations at 850-245-6056 and press 4. Your call will be answered in the order it is received.

/CD ANNUAL REPORTS SECTION

RECEIVED MAR 1 0 2008