2006 FOR PROFIT CORPORATION ANNUAL REPORT

FILED
Mar 21, 2006 8:00 am
Secretary of State

03-21-2006 90020 029 ***158.75

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1. Entity Name
SEATON II, INC

Principal Place of Business	Mailing Address
8 OCEAN TRACE RD. ST. AUGUSTINE, FL 32080	8 OCEAN TRACE RD. ST. AUGUSTINE, FL 32080

2. Principal Place of Business	3. Mailing Address
Suite, Apt. #, etc.	Suite, Apt. #, etc.
City & State	City & State
Zip / Country	Zip / Country

01132006   Chg-P   CR2E034 (11/05)

4. FEI Number
20-3617112

Applied For
Not Applicable

5. Certificate of Status Desired $8.75 Additional Fee Required

6. Name and Address of Current Registered Agent	7. Name and Address of New Registered Agent
BROTHERS, WILLIAM O 8 OCEAN TRACE RD. ST. AUGUSTINE, FL 32080	Name *Same* 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 WILLIAM O. BROTHERS   *William O. Brothers*   3/10/06

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

FILE NOW!!! FEE IS $150.00
After May 1, 2006 Fee will be $550.00

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	P		☐ Delete	TITLE	SEC/TREAS	☑ Change ☐ Addition
NAME	BROTHERS, WILLIAM O			NAME	BROTHERS, WILLIAM O.	
STREET ADDRESS	8 OCEAN TRACE RD.			STREET ADDRESS	8 OCEAN TRACE RD	
CITY-ST-ZIP	ST. AUGUSTINE, FL 32080			CITY-ST-ZIP	ST. AUGUSTINE, FL 32080	
TITLE	T		☑ Delete	TITLE	PRES.	☐ Change ☑ Addition
NAME	BLUM, LESLIE			NAME	GENE SCHLOSSBERG	
STREET ADDRESS	725 CHANTRY CIRCLE			STREET ADDRESS	1947 A1A S.	
CITY-ST-ZIP	SIMI VALLEY, CA 93065			CITY-ST-ZIP	ST AUGUSTINE, FL 32080	
TITLE			☐ Delete	TITLE	VICE PRES	☐ Change ☑ Addition
NAME				NAME	MIKE LYNCH	
STREET ADDRESS				STREET ADDRESS	1947 A1A S.	
CITY-ST-ZIP				CITY-ST-ZIP	ST. AUGUSTINE, FL 32080	
TITLE			☐ Delete	TITLE		☐ Change ☐ Addition
NAME				NAME		
STREET ADDRESS				STREET ADDRESS		
CITY-ST-ZIP				CITY-ST-ZIP		
TITLE			☐ Delete	TITLE		☐ Change ☐ Addition
NAME				NAME		
STREET ADDRESS				STREET ADDRESS		
CITY-ST-ZIP				CITY-ST-ZIP		
TITLE			☐ Delete	TITLE		☐ Change ☐ Addition
NAME				NAME		
STREET ADDRESS				STREET ADDRESS		
CITY-ST-ZIP				CITY-ST-ZIP		

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: X *William O. Brothers*   3/10/06   904-471-0909

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR   Date   Daytime Phone #