## 2006 FOR PROFIT CORPORATION ANNUAL REPORT

## **DOCUMENT # P05000139388 Secretary of State** 1. Entity Name 03-13-2006 90074 005 \*\*\*150.00 SEACURE, INC. Principal Place of Business Mailing Address 1050 TALLEYRAND AVE 1050 TALLEYRAND AVE JACKSONVILLE, FL 32206 JACKSONVILLE, FL 32206 2. Principal Place of Business 3. Mailing Address Suite, Apt. #, etc. Suite, Apt. #, etc. 01202006 CR2E034 (11/05) Chg-P City & State City & State 4. FEI Number Applied For Not Applicable Country Ζīρ Country \$8.75 Additional 5. Certificate of Status Desired Fee Required 7. Name and Address of New Registered Agent 6. Name and Address of Current Registered Agent Name POWERS, WARREN P Street Address (P.O. Box Number is Not Acceptable) 1050 TALLEYRAND AVE JACKSONVILLE, FL 32206 City Zin 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. Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating) DATE 9. Election Campaign Financing \$5.00 May Be FILE NOW!!! FEE IS \$150.00 Trust Fund Contribution. Added to Fees After May 1, 2006 Fee will be \$550.00 OFFICERS AND DIRECTORS ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11 10. 11. Delete Addition TITLE TITI F President Change Warren P. Powers NAME NAME 1050 Talleyrand Avenue STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP Jacksonville, FL Secretary Nancy M. Powers 1050 Talleyrand Avenue Delete ☐ Change Addition TITLE NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP Jacksonville FL ☐ Change Addition TITLE ☐ Delete TITS F NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-7IP ■ Addition TITLE ☐ Delete TITLE Channe NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP Change ☐ Addition ☐ Delete NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-7IP CITY-ST-ZIP TITLE ☐ Delete TITLE ☐ Change ☐ Addition NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-7IP CITY-ST-ZIP

12. I hereby certify that the information supplied with this filing does not quality 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 tike empowered.

CICHATUDE Namey

Securtary

Date: 3-6-06

FILED

Mar 13, 2006 8:00 am