


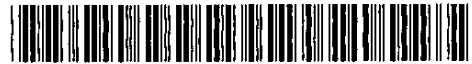
**2007 FOR PROFIT CORPORATION
ANNUAL REPORT**

FILED
Feb 05, 2007 08:00 AM
Secretary of State

DOCUMENT # P05000148764 1. Entity Name SEATON III, INC.	
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Principal Place of Business
8 OCEAN TRACE ROAD
ST AUGUSTINE, FL 32080

Mailing Address
8 OCEAN TRACE ROAD
ST AUGUSTINE, FL 32080



01102007 No Chg-P CR2E034 (11/05)

4. FEI Number 95-4629303	Applied For Not Applicable
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5. Certificate of Status Desired ☐ **\$8.75** Additional Fee Required

DO NOT WRITE IN THIS SPACE

6. Name and Address of Current Registered Agent

BROTHERS, WILLIAM O
8 OCEAN TRACE ROAD
ST AUGUSTINE, FL 32080

**DO NOT WRITE
IN THIS SPACE**

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, 2007 Fee will be \$550.00**

9. Election Campaign Financing
Trust Fund Contribution. ☐ **\$5.00** May Be
Added to Fees

U000000622534
02/13/07-80029-020 150.00

10. OFFICERS AND DIRECTORS

TITLE	D
NAME	BROTHERS, WILLIAM O
STREET ADDRESS	8 OCEAN TRACE ROAD
CITY- ST- ZIP	ST AUGUSTINE, FL 32080

TITLE	D
NAME	BLUM, LESLIE
STREET ADDRESS	8 OCEAN TRACE ROAD
CITY- ST- ZIP	ST AUGUSTINE, FL 32080

TITLE	
NAME	
STREET ADDRESS	
CITY- ST- ZIP	

TITLE	
NAME	
STREET ADDRESS	
CITY- ST- ZIP	

TITLE	
NAME	
STREET ADDRESS	
CITY- ST- ZIP	

TITLE	
NAME	
STREET ADDRESS	
CITY- ST- ZIP	

**DO NOT WRITE
IN THIS SPACE**

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:

William O. Brothers, Pres
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

1/17/07 904-471-0909
Date Daytime Phone #