

**2008 FOR PROFIT CORPORATION
ANNUAL REPORT**

FILED
Feb 04, 2008 08:00 AM
Secretary of State

DOCUMENT # P05000148764

1. Entity Name
SEATON III, INC.



Principal Place of Business
**8 OCEAN TRACE ROAD
ST AUGUSTINE, FL 32080**

Mailing Address
**8 OCEAN TRACE ROAD
ST AUGUSTINE, FL 32080**



01182008 No Chg-P CR2E034 (11/05)

DO NOT WRITE IN THIS SPACE

4. FEI Number 95-4629303	Applied For <input type="checkbox"/> Not Applicable
5. Certificate of Status Desired <input type="checkbox"/>	\$8.75 Additional Fee Required

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 William O. Brothers, Pres.

Signature, typed or printed name of registered agent and title if applicable.

(NOTE: Registered Agent signature required when reinstating)

1/21/08

DATE

**FILE NOW!!! FEE IS \$150.00
After May 1, 2008 Fee will be \$550.00**

9. Election Campaign Financing
Trust Fund Contribution. ☐

\$5.00 May Be
Added to Fees

000000814357
02/13/08-80040-023 150.00

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	

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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. WILLIAM O. BROTHERS 1-25-08 904-471-0909

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #