
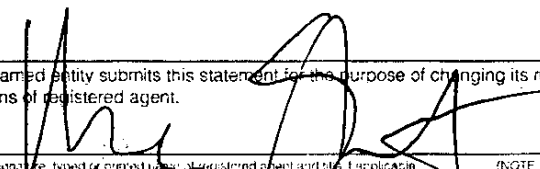
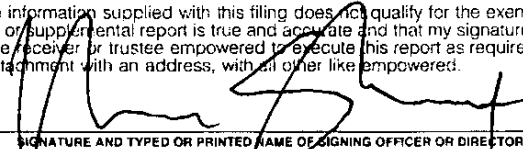


2008 FOR PROFIT CORPORATION ANNUAL REPORT (AR)

FILED
Mar 12, 2008 8:00 am
Secretary of State

03-12-2008 90027 015 ***150.00

DOCUMENT # P07000088215. 1. Entity Name SEAL CO. INC.					
Principal Place of Business 210 SCARBOROUGH TERRACE WELLINGTON FL 33414			Mailing Address 210 SCARBOROUGH TERRACE WELLINGTON FL 33414		
2. Principal Place of Business - No P.O. Box # 210 Scarborough Ter		3. Mailing Address Same			
Suite, Apt. #, etc. 		Suite, Apt. #, etc. 			
City & State Wellington FL		City & State 		4. FEI Number 	
Zip AL		Country 33414		5. Certificate of Status Desired <input type="checkbox"/> \$8.75 Additional Fee Required	
6. Name and Address of Current Registered Agent STREET, MARC M 210 SCARBOROUGH TERRACE WELLINGTON FL 33414		7. Name and Address of New Registered Agent Name Street Address (P.O. Box Number is Not Acceptable) NA 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  DATE 2/11/08 <small>(NOTE: Registered Agent signature required when reinstating)</small>					
FILE NOW!!! FEE IS \$150.00 After May 1, 2008 Fee Will Be \$550.00 Make Check Payable to Florida Department of State			9. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/> \$5.00 May Be Added to Fees		
10. OFFICERS AND DIRECTORS			11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11		
TITLE P	NAME STREET, MARC M		<input type="checkbox"/> Delete		
STREET ADDRESS 210 SCARBOROUGH TERRACE			<input type="checkbox"/> Change <input type="checkbox"/> Addition		
CITY-ST-ZIP WELLINGTON FL 33414					
TITLE 			<input type="checkbox"/> Delete		
NAME 			<input type="checkbox"/> Change <input type="checkbox"/> Addition		
STREET ADDRESS 					
CITY-ST-ZIP 					
TITLE 			<input type="checkbox"/> Delete		
NAME 			<input type="checkbox"/> Change <input type="checkbox"/> Addition		
STREET ADDRESS 					
CITY-ST-ZIP 					
TITLE 			<input type="checkbox"/> Delete		
NAME 			<input type="checkbox"/> Change <input type="checkbox"/> Addition		
STREET ADDRESS 					
CITY-ST-ZIP 					
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 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 an other like empowered.					
SIGNATURE: 			Date 2/11/08		
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR					