



2008 FOR PROFIT CORPORATION ANNUAL REPORT

4/24/2008-90122-015-\$150.00-\$150.00

FILED
08 SEP 25 PM 4:45
SECRETARY OF STATE
TALLAHASSEE, FLORIDA

DOCUMENT # P07000101737			
1. Entity Name SEAGIS NOVA 95, INC.			
Principal Place of Business ONE TOWER BRIDGE, 100 FRONT ST., STE. 1370 C/O SEAGIS PROPERTY GROUP WEST CONSHOHOCKEN, PA 19428		Mailing Address ONE TOWER BRIDGE, 100 FRONT ST., STE. 1370 C/O SEAGIS PROPERTY GROUP WEST CONSHOHOCKEN, PA 19428	
2. Principal Place of Business - No P.O. Box #		3. Mailing Address	
Suite, Apt. #, etc.		Suite, Apt. #, etc.	
City & State		City & State	
Zip	Country	Zip	Country
4. FEI Number 26-1125975		Applied For Not Applicable	
5. Certificate of Status Desired <input type="checkbox"/>		\$8.75 Additional Fee Required	
6. Name and Address of Current Registered Agent CORPDIRECT AGENTS, INC. 515 E. PARK AVE. TALLAHASSEE, FL 32301		7. Name and Address of New Registered Agent	
Name		Name	
Street Address (P.O. Box Number is Not Acceptable)		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 _____		DATE _____	
FILE NOW!!! FEE IS \$150.00 After May 1, 2008 Fee will be \$550.00		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 <input type="checkbox"/> Delete	TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	BEGIER, JOHN	NAME	
STREET ADDRESS	ONE TOWER BRIDGE, 100 FRONT ST., STE. 1370	STREET ADDRESS	
CITY-ST-ZIP	WEST CONSHOHOCKEN, PA 19428	CITY-ST-ZIP	
TITLE	V <input type="checkbox"/> Delete	TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	LEE, CHARLES	NAME	
STREET ADDRESS	ONE TOWER BRIDGE, 100 FRONT ST., STE. 1370	STREET ADDRESS	
CITY-ST-ZIP	WEST CONSHOHOCKEN, PA 19428	CITY-ST-ZIP	
TITLE	ST <input type="checkbox"/> Delete	TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	MOYER, KENNETH	NAME	
STREET ADDRESS	ONE TOWER BRIDGE, 100 FRONT ST., STE. 1370	STREET ADDRESS	
CITY-ST-ZIP	WEST CONSHOHOCKEN, PA 19428	CITY-ST-ZIP	
TITLE	<input type="checkbox"/> Delete	TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		NAME	
STREET ADDRESS		STREET ADDRESS	
CITY-ST-ZIP		CITY-ST-ZIP	
TITLE	<input type="checkbox"/> Delete	TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		NAME	
STREET ADDRESS		STREET ADDRESS	
CITY-ST-ZIP		CITY-ST-ZIP	
TITLE	<input type="checkbox"/> Delete	TITLE	<input type="checkbox"/> Change <input type="checkbox"/> 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: 		Date: 3-7-08 984 530-9133	
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR		Date	