


2008 FOR PROFIT CORPORATION ANNUAL REPORT

FILED
Aug 28, 2008 8:00 am
Secretary of State

08-28-2008 90002 002 ***558.75

DOCUMENT # P37405 1. Entity Name SEABOARD SECURITIES, INC.					
Principal Place of Business 18 COLUMBIA TURNPIKE 2ND FLOOR FLORHAM PARK, NJ 07932			Mailing Address 18 COLUMBIA TURNPIKE 2ND FLOOR FLORHAM PARK, NJ 07932		
2. Principal Place of Business - No P.O. Box # Suite, Apt. #, etc.		3. Mailing Address Suite, Apt. #, etc.			
City & State Zip Country		City & State Zip Country		4. FEI Number 04-2258513 Applied For <input type="checkbox"/> Not Applicable	
5. Certificate of Status Desired <input checked="" type="checkbox"/> \$8.75 Additional Fee Required				08142008 Chg-P CR2E034 (12/06)	
6. Name and Address of Current Registered Agent GARDNER, WILLIAM C/O SEABOARD SECURITIES, INC. 14155 U.S. HIGHWAY 1, SUITE 304 JUNO BEACH, FL 33408			7. Name and Address of New Registered Agent Name Kevin Deasy Street Address (P.O. Box Number is Not Acceptable) c/o Seaboard Securities, Inc. 17713 S.E. Federal Highway Ste#100 City Tequesta, FL Zip Code 33469		
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 <u><i>Kevin Deasy</i></u> 8/26/08 <small>Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating) DATE</small>					
FILE NOW!!! FEE IS \$550.00 Due by September 12, 2008		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 NAME STREET ADDRESS CITY-ST-ZIP	P DIGIOVANNI, ANTHONY J. 18 COLUMBIA TURNPIKE, 2ND FLOOR FLORHAM PARK, NJ 07932	<input type="checkbox"/> Delete			
TITLE NAME STREET ADDRESS CITY-ST-ZIP	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition			
TITLE NAME STREET ADDRESS CITY-ST-ZIP	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition			
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TITLE NAME STREET ADDRESS CITY-ST-ZIP	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition			
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: <u><i>Anthony J. Digiovanni</i></u> <small>SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR</small>		President		8/26/08 973-514-1500 <small>Date Daytime Phone #</small>	