

# 2007 FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# P94000066588

FILED  
Apr 14, 2007  
Secretary of State

Entity Name: SEAHAWK SUPPLY CORPORATION

**Current Principal Place of Business:**

1202 SE 12 TERRACE  
CAPE CORAL, FL 33990 US

**New Principal Place of Business:**

**Current Mailing Address:**

P O BOX 152464  
CAPE CORAL, FL 33915 US

**New Mailing Address:**

FEI Number: 65-0521471

FEI Number Applied For ( )

FEI Number Not Applicable ( )

Certificate of Status Desired ( )

**Name and Address of Current Registered Agent:**

ADAMSKI, ROBERT C  
1417 CAPE CORAL PKWY  
CAPE CORAL, FL 33904 US

**Name and Address of New Registered Agent:**

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.

SIGNATURE: \_\_\_\_\_

Electronic Signature of Registered Agent

\_\_\_\_\_ Date

Election Campaign Financing Trust Fund Contribution ( ).

**OFFICERS AND DIRECTORS:**

Title: D ( ) Delete  
Name: KELLY, ARLENE K  
Address: 1202 SE 12 TERRACE  
City-St-Zip: CAPE CORAL, FL 33990

Title: ( ) Delete  
Name:  
Address:  
City-St-Zip:

**ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:**

Title: ( ) Change ( ) Addition  
Name:  
Address:  
City-St-Zip:

Title: D ( ) Change (X) Addition  
Name: KELLY, JAMES D  
Address: 1202 SE 12TH TERR  
City-St-Zip: CPPE CORAL, FL 33990

I hereby certify that the information supplied with this filing does not qualify for the for the exemption stated 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 electronic 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 above, or on an attachment with an address, with all other like empowered.

SIGNATURE: ARLENE K KELLY

D

04/14/2007

Electronic Signature of Signing Officer or Director

\_\_\_\_\_ Date