

2007 FOR PROFIT CORPORATION ANNUAL REPORT (AR)

FILED
Aug 28, 2007 8:00 am
Secretary of State

08-28-2007 90024 034 ***550.00

DOCUMENT # P94000074792

1. Entity Name

SEAGROVE INVESTMENTS, INC.



Principal Place of Business

3567 E. CO HWY 30 A
SANTA ROSA BEACH FL 32459
US

Mailing Address

3567 E. CO HWY 30-A
SANTA ROSA BEACH FL 32459
US

2. Principal Place of Business - No P.O. Box #
1758 LaGrange Road

3. Mailing Address
1758 LaGrange Road

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State
Freeport, FL

City & State
Freeport, FL

Zip
32439

Country
Walton

Zip
32439

Country
Walton

4. FEI Number
59-3315564

Applied For
Not Applicable

5. Certificate of Status Desired ☐ \$8.75 Additional
Fee Required

6. Name and Address of Current Registered Agent

7. Name and Address of New Registered Agent

MUNYON, LYNN P
8203 N. LAGOON DRIVE
PANAMA CITY BEACH FL 32408

Name

Street Address (P.O. Box Number is Not Acceptable)

1758 LaGrange Road

City
Freeport

FL

Zip Code
32439

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

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

(NOTE: Registered Agent signature required when reinstating)

DATE

FILE NOW!!! FEE IS \$550.00

DUE BY September 5, 2007

Make Check Payable to Florida Department of State

S.607.193(2)(b), F.S., allows for the waiver of the \$400.00 late fee. By checking this box, the corporation certifies it did not receive prior notice. Fee to file is \$150.00. ☐

9. Election Campaign Financing
Trust Fund Contribution. ☐

**\$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
Delete ☐
MUNYON, LYNN P
3567 E CO HWY 30 A
SANTA ROSA BEACH FL 32459

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
Change ☐ Addition ☐
1758 Lagrange Road
Freeport, FL 32439

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
Delete ☐

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
Change ☐ Addition ☐

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
Delete ☐

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
Change ☐ Addition ☐

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
Delete ☐

TITLE
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STREET ADDRESS
CITY-ST-ZIP
Change ☐ Addition ☐

TITLE
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STREET ADDRESS
CITY-ST-ZIP
Delete ☐

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
Change ☐ Addition ☐

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
Delete ☐

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
Change ☐ 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:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

8-17-07

Date

850-832-7772

Daytime Phone #