

2006 FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# P94000088178

Entity Name: SEAVIN, INC.

FILED
Mar 06, 2006
Secretary of State

Current Principal Place of Business:

19239 U.S. HIGHWAY 27 NORTH
CLERMONT, FL 34715

New Principal Place of Business:

Current Mailing Address:

19239 U.S. HIGHWAY 27 NORTH
CLERMONT, FL 34715

New Mailing Address:

FEI Number: 59-3284508

FEI Number Applied For ()

FEI Number Not Applicable ()

Certificate of Status Desired ()

Name and Address of Current Registered Agent:

COX, C. GARY
19239 U.S. HIGHWAY 27 NORTH
CLERMONT, FL 34715 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: P/D () Delete
Name: COX, C. GARY
Address: 7485 HEARTLAND CIRCLE
City-St-Zip: TALLAHASSEE, FL 32308

Title: S/D () Delete
Name: COX, CAROLE C
Address: 7485 HEARTLAND CIRCLE
City-St-Zip: TALLAHASSEE, FL 32308

Title: D () Delete
Name: BRODIE, EDMUND M
Address: 522 CENTRAL BOULEVARD
City-St-Zip: PIERSON, FL 32180

Title: D () Delete
Name: HERBERT, G. ARTHUR
Address: 105 GREENLEAF LANE
City-St-Zip: ALTAMONTE SPRGS, FL 32714

Title: VP/D () Delete
Name: COX, CHARLES G II
Address: 7 LAKESHORE DRIVE
City-St-Zip: SAINT AUGUSTINE, FL 32084

Title: T () Delete
Name: ENIX, DAWN M
Address: 11313 DAVISON LANE
City-St-Zip: TAVARES, FL 32778

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

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

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

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

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

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

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

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: DAWN M. ENIX

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03/06/2006

Electronic Signature of Signing Officer or Director

Date