


2004 FOR PROFIT CORPORATION ANNUAL REPORT

FILED
Mar 15, 2004 8:00 am
Secretary of State

03-15-2004 90057 035 ***150.00

DOCUMENT # P96000038341 1. Entity Name SEEKER TECHNOLOGIES INCORPORATED					
Principal Place of Business 119 SIEBERT AVE. DESTIN, FL 32541 US			Mailing Address 119 SIEBERT AVE. DESTIN, FL 32541 US		
2. Principal Place of Business 37 Ninth Ave Suite, Apt. #, etc.		3. Mailing Address 37 Ninth Ave Suite, Apt. #, etc.			
City & State Shalimar FL Zip 32579		City & State Shalimar FL Zip 32579		4. FEI Number 59-3376824	
Country USA		Country USA		5. Certificate of Status Desired <input type="checkbox"/> \$8.75 Additional Fee Required	
6. Name and Address of Current Registered Agent FLYNN, DAVID S 119 SIEBERT AVE. DESTIN, FL 32541			7. Name and Address of New Registered Agent Name Flynn, David S. Street Address (P.O. Box Number is Not Acceptable) 37 9th Ave City Shalimar FL Zip Code 32579		
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 David S. Flynn, President, David S. Flynn 29 Feb04 <small>Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reappointing) DATE</small>					
FILE NOW!!! FEE IS \$150.00 After May 1, 2004 Fee will be \$550.00			9. Election Campaign Financing <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	CP FLYNN, DAVID S 119 SIEBERT AVE. DESTIN, FL 32541 <input checked="" type="checkbox"/> Delete		TITLE NAME STREET ADDRESS CITY-ST-ZIP	Flynn David S. <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition 37 Ninth Ave Shalimar FL 32579	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	VD FLYNN, MARILEE D 119 SIEBERT AVE DESTIN, FL 32541 <input checked="" type="checkbox"/> Delete		TITLE NAME STREET ADDRESS CITY-ST-ZIP	Flynn Marilee D. <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition 37 Ninth Ave Shalimar FL 32579	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete		TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete		TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete		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 exemption stated in Section 119.07(3)(i), 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: David S. Flynn, President, 29 Feb04, 651-3843 <small>SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #</small>					