


2004 FOR PROFIT CORPORATION ANNUAL REPORT

FILED
Jan 29, 2004-08:00 AM
Secretary of State

DOCUMENT # P96000055450	
1. Entity Name SEACOAST UNDERWRITERS, INC.	

Principal Place of Business 1500 SAN REMO AVE. SUITE 214 CORAL GABLES, FL 33146 US	Mailing Address 1500 SAN REMO AVE. SUITE 214 CORAL GABLES, FL 33146 US
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DO NOT WRITE IN THIS SPACE



01142004 No Chg-P CR2E034 (10/03)

4. FEI Number 65-0679516	Applied For <input type="checkbox"/> Not Applicable
5. Certificate of Status Desired <input type="checkbox"/>	\$8.75 Additional Fee Required

6. Name and Address of Current Registered Agent

**CHAFFIN, R. C.
6467 SUNSET DRIVE
S. MIAMI, FL 33143**

**DO NOT WRITE
IN THIS SPACE**

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 _____ (NOTE: Registered Agent signature required when reinstating) DATE _____

**FILE NOW!!! FEE IS \$150.00
After May 1, 2004 Fee will be \$550.00**

9. Election Campaign Financing
Trust Fund Contribution. ☐ **\$5.00** May Be
Added to Fees

10. OFFICERS AND DIRECTORS	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D CHAFFIN, R. C. 6467 SUNSET DRIVE S. MIAMI, FL 33143
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D CHAFFIN, SUZANNE 6467 SUNSET DRIVE S. MIAMI, FL 33143
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D SEACREST, GARY L TWO RAVINIA DRIVE STE 1400 ATLANTA, GA 30346
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D CHAFFIN, JASON SHAWN 882 SILVERADO CT. LAKE MARY, FL 32746
TITLE NAME STREET ADDRESS CITY-ST-ZIP	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	

000000021630
01/30/04-80012-011 150.00

**DO NOT WRITE
IN THIS SPACE**

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 807, 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: Suzanne S. Chaffin SUZANNE S. CHAFFIN 1-19-04 305-774-9977
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #