

**2007 FOR PROFIT CORPORATION
ANNUAL REPORT**

FILED
Apr 13, 2007 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



03082007 No Chg-P CR2E034 (11/05)

DO NOT WRITE IN THIS SPACE

4. FEI Number 65-0679516	Applied For 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

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

(NOTE: Registered Agent signature required when reinstating)

DATE

FILE NOW!!! FEE IS \$150.00
After May 1, 2007 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 56 PERIMETER CENTER, EAST #450 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	

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04/23/07-80033-015 150.00

**DO NOT WRITE
IN THIS SPACE**

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

4/11/07 (305) 774-9977
Date Daytime Phone #

RANDELL C. CHAFFIN