2005 FOR PROFIT CORPORATION ANNUAL REPORT

FILED
Apr 05, 2005
Secretary of State

DOCUMENT# P97000029326

Entity Name: SEABOARD DISTRIBUTION, INC.

Current Principal Place of Business:

2520 KNIGHTS STATION RD
LAKELAND, FL 33810 US

New Principal Place of Business:

Current Mailing Address:

P.O. BOX 37589
JACKSONVILLE, FL 322367589 US

New Mailing Address:

FEI Number: 59-3436391 **FEI Number Applied For ( )** **FEI Number Not Applicable ( )** **Certificate of Status Desired ( )**

Name and Address of Current Registered Agent:

ROWLAND, DUANE D
6800 SUEMAC PLACE
JACKSONVILLE, FL 32254 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 ( ) Delete
Name: MOSELEY, DALE
Address: 2520 KNIGHTS STATION RD
City-St-Zip: LAKELAND, FL 33810

Title: ST ( ) Delete
Name: ROWLAND, DUANE
Address: 6800 SUEMAC PLACE
City-St-Zip: JACKSONVILLE, FL 32254

Title: CD ( ) Delete
Name: BECKER, JACK
Address: 6800 SUEMAC PLACE
City-St-Zip: JACKSONVILLE, FL 32254

Title: V ( ) Delete
Name: MOSELEY, DALE JR
Address: 2520 KNIGHTS STATION RD
City-St-Zip: LAKELAND, FL 33810

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
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 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 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: KATHLEEN SHARP CONT 04/05/2005

Electronic Signature of Signing Officer or Director Date