


**2008 FOR PROFIT CORPORATION
ANNUAL REPORT**

FILED
Mar 07, 2008 08:00 A
Secretary of State

DOCUMENT # P97000029326 1. Entity Name SEABOARD DISTRIBUTION, INC.	
--	---

Principal Place of Business 2520 KNIGHTS STATION RD LAKELAND, FL 33810 US	Mailing Address P.O. BOX 37589 JACKSONVILLE, FL 32236-7589 US
---	---



02142008 No Chg-P CR2E034 (11/05)

DO NOT WRITE IN THIS SPACE

4. FEI Number 59-3436391	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 ROWLAND, DUANE D 6800 SUEMAC PLACE JACKSONVILLE, FL 32254

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

FILE NOW!!! FEE IS \$150.00 After May 1, 2008 Fee will be \$550.00	9. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/> \$5.00 May Be Added to Fees
---	--

10. OFFICERS AND DIRECTORS	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	P MOSELEY, DALE 2520 KNIGHTS STATION RD LAKELAND, FL 33810
TITLE NAME STREET ADDRESS CITY-ST-ZIP	ST ROWLAND, DUANE 6800 SUEMAC PLACE JACKSONVILLE, FL 32254
TITLE NAME STREET ADDRESS CITY-ST-ZIP	CD BECKER, JACK 6800 SUEMAC PLACE JACKSONVILLE, FL 32254
TITLE NAME STREET ADDRESS CITY-ST-ZIP	V MOSELEY, DALE JR 2520 KNIGHTS STATION RD LAKELAND, FL 33810
TITLE NAME STREET ADDRESS CITY-ST-ZIP	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	

<p>U000000250737 03/25/08-80010-014 150.00</p> <p>DO NOT WRITE IN THIS SPACE</p>

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: *Duane Rowland* *Duane Rowland Secretary* *2/18/08* *904-354-8411*
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #