# 2009 FOR PROFIT CORPORATION AMENDED ANNUAL REPORT

**FILED**
**Nov 24, 2009**
**Secretary of State**

DOCUMENT# P97000068128

**Entity Name:** SEACOAST DIVERSITIES, INC.

**Current Principal Place of Business:**

6532 WALTHO DR..
JACKSONVILLE, FL 32277

**New Principal Place of Business:**

**Current Mailing Address:**

6532 WALTHO DR.
JACKSONVILLE, FL 32277 US

**New Mailing Address:**

**FEI Number: 59-3463484** **FEI Number Applied For ( )** **FEI Number Not Applicable ( )** **Certificate of Status Desired ( )**

**Name and Address of Current Registered Agent:**

LITCHFIELD, CLYDE
6532 WALTHO DRIVE
JACKSONVILLE, FL 32277 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

**OFFICERS AND DIRECTORS:**

Title: DS ( ) Delete
Name: LITCHFIELD, CLYDE H
Address: 6532 WALTHO DRIVE
City-St-Zip: JACKSONVILLE, FL 32277

Title: ( ) Delete
Name:
Address:
City-St-Zip:

**ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:**

Title: ( ) Change ( ) Addition
Name:
Address:
City-St-Zip:

Title: S ( ) Change (X) Addition
Name: LITCHFIELD, MICHAEL D
Address: 6532 WALTHO DR.
City-St-Zip: JACKSONVILLE, FL 32277

I hereby certify that the information supplied with this filing does not qualify for the exemption stated 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 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: LITCHFIELD, CLYDE H. DS 11/24/2009

Electronic Signature of Signing Officer or Director Date