2004 FOR PROFIT CORPORATION ANNUAL REPORT

FILED
Jan 09, 2004
Secretary of State

DOCUMENT# P98000030971

Entity Name: SEABRIDGE TEAM, INC.

Current Principal Place of Business:

1100 OCEAN SHORE BLVD
STE 3
ORMOND BEACH, FL 321763739 US

New Principal Place of Business:

Current Mailing Address:

1100 OCEAN SHORE BLVD
STE 3
ORMOND BEACH, FL 321763739 US

New Mailing Address:

FEI Number: 59-3503057 **FEI Number Applied For ( )** **FEI Number Not Applicable ( )** **Certificate of Status Desired ( )**

Name and Address of Current Registered Agent:

MARTIN, CHARLENE H
1 ARBOR LAKE PARK
ORMOND BEACH, FL 32174

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: STD ( ) Delete
Name: MARTIN, CHARLENE H
Address: 1 ARBOR LAKE PARK
City-St-Zip: ORMOND BEACH, FL 32174

Title: DP ( ) Delete
Name: WHITAKER, GRADY L
Address: 1556 N.W. 1 COURT
City-St-Zip: BOCA RATON, FL 33486

Title: VP ( ) Delete
Name: RITGER, BENJAMIN
Address: 1202 PARKSIDE DRIVE
City-St-Zip: ORMOND BEACH, FL 32174

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

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

Title: DP (X) Change ( ) Addition
Name: WHITAKER, GRADY L
Address: 852 NW 1 AVENUE
City-St-Zip: BOCA RATON, FL 33432

Title: VP (X) Change ( ) Addition
Name: RITGER, BENJAMIN A
Address: 1202 PARKSIDE DRIVE
City-St-Zip: ORMOND BEACH, FL 32174

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: CHARLENE H. MARTIN STD 01/09/2004

Electronic Signature of Signing Officer or Director — Date