


2005 FOR PROFIT CORPORATION ANNUAL REPORT

FILED
Apr 13, 2005 08:00 AM
Secretary of State

DOCUMENT # P98000085641	
1. Entity Name SEEBIRD CANVAS INC.	

Principal Place of Business 517 ANCLOTE ROAD TARPON SPRINGS, FL 34689	Mailing Address 517 ANCLOTE ROAD TARPON SPRINGS, FL 34689
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DO NOT WRITE IN THIS SPACE



01202005 No Chg-P CR2E034 (10/03)

4. FEI Number 59-3537814	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 SCHALLES, LARRY C CPA 5320 MAIN ST. NEWPORT RICHEY, FL 34652

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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 _____

FILE NOW!!! FEE IS \$150.00 After May 1, 2005 Fee will be \$550.00	9. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/> \$5.00 May Be Added to Fees
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10. OFFICERS AND DIRECTORS	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D MUSSELMAN, ERICK P 517 ANCLOTE ROAD TARPON SPRINGS, FL 34689
TITLE NAME STREET ADDRESS CITY-ST-ZIP	VP MUSSELMAN, DEBORAH 517 ANCLOTE RD TARPON SPRINGS, FL 34689
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04/13/05-80006-014 150.00

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IN THIS SPACE**

12. I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Section 119.07(3)(f), 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: *Eric P Musseلمان* ERICK P MUSSELMAN 2-16-05 7279387152
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #