

**2007 FOR PROFIT CORPORATION  
ANNUAL REPORT**

**FILED**  
**May 02, 2007 08:00 A**  
**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



01222007 No Chg-P CR2E034 (11/05)

**DO NOT WRITE IN THIS SPACE**

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

**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 \_\_\_\_\_

**FILE NOW!!! FEE IS \$150.00  
After May 1, 2007 Fee will be \$550.00**

9. Election Campaign Financing  
Trust Fund Contribution. ☐ \$5.00 May Be  
Added to Fees

**10. OFFICERS AND DIRECTORS**

TITLE D  
NAME MUSSELMAN, ERICK P  
STREET ADDRESS 517 ANCLOTE ROAD  
CITY-ST-ZIP TARPON SPRINGS, FL 34689

TITLE VP  
NAME MUSSELMAN, DEBORAH  
STREET ADDRESS 517 ANCLOTE RD  
CITY-ST-ZIP TARPON SPRINGS, FL 34689

TITLE  
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STREET ADDRESS  
CITY-ST-ZIP

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05/22/07-80041-015 150.00

**DO NOT WRITE  
IN THIS SPACE**

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: Erick P Musselman ERICK P MUSSELMAN 2-15-07 777 938  
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone # 7152