

# 2010 FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# P98000089586

FILED  
Jan 10, 2010  
Secretary of State

Entity Name: SEAPOINTE CORP.

**Current Principal Place of Business:**

3866 SAN LORENZO DRIVE  
PUNTA GORDA, FL 33950

**New Principal Place of Business:**

**Current Mailing Address:**

P.O. BOX 47209  
TAMPA, FL 33646 US

**New Mailing Address:**

FEI Number: 65-0872055

FEI Number Applied For ( )

FEI Number Not Applicable ( )

Certificate of Status Desired ( )

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

AMERILAWYER  
343 ALMERIA AVENUE  
CORAL GABLES, FL 33134 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

Election Campaign Financing Trust Fund Contribution ( ).

**OFFICERS AND DIRECTORS:**

Title: PD  
Name: MILLER, PAULA A  
Address: 3866 SAN LORENZO DRIVE  
City-St-Zip: PUNTA GORDA, FL 33950

Title: STD  
Name: MILLER, EMILY H  
Address: 3866 SAN LORENZO DRIVE  
City-St-Zip: PUNTA GORDA, FL 33950

Title: VD  
Name: MILLER, DAWN L  
Address: 3866 SAN LORENZO DRIVE  
City-St-Zip: PUNTA GORDA, FL 33950

Title: D  
Name: MILLER, RUSSELL K  
Address: 3866 SAN LORENZO DRIVE  
City-St-Zip: PUNTA GORDA, FL 33950

Title: D  
Name: MILLER, RACHAEL R  
Address: 3866 SAN LORENZO DRIVE  
City-St-Zip: PUNTA GORDA, FL 33950

I hereby 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 all other like empowered.

SIGNATURE: EMILY MILLER

STD

01/10/2010

Electronic Signature of Signing Officer or Director

Date