

# **2012 FOR PROFIT CORPORATION ANNUAL REPORT**

DOCUMENT# P98000100429

Entity Name: SEAVENTURES USA, INC.

**FILED**  
**May 01, 2012**  
**Secretary of State**

**Current Principal Place of Business:**

635 WAKULLA ARRAN ROAD  
CRAWFORDVILLE, FL 32327

**New Principal Place of Business:**

**Current Mailing Address:**

P O BOX 1420  
CRAWFORDVILLE, FL 32326

**New Mailing Address:**

P O BOX 1944  
CRAWFORDVILLE, FL 32326

FEI Number: 59-3256203

FEI Number Applied For ( )

FEI Number Not Applicable ( )

Certificate of Status Desired ( )

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

SHEPPARD, MILDRED C  
225 REHWINKEL ROAD  
CRAWFORDVILLE, FL 32327 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: PRES  
Name: SHEPPARD, MILDRED C  
Address: 225 REHWINKEL ROAD  
City-St-Zip: CRAWFORDVILLE, FL 32327

Title: V  
Name: SHEPPARD, NORMAN D  
Address: 225 REHWINKEL ROAD  
City-St-Zip: CRAWFORDVILLE, FL 32327

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: MILDRED C SHEPPARD

PRES

05/01/2012

\_\_\_\_\_  
Electronic Signature of Signing Officer or Director

\_\_\_\_\_  
Date