

# 2005 FOR PROFIT CORPORATION ANNUAL REPORT

**FILED**  
**Apr 12, 2005 8:00 am**  
**Secretary of State**

04-12-2005 90159 035 \*\*\*150.00

<b>DOCUMENT # P98000106600</b> 1. Entity Name <b>SEAGROVE GLASS INC.</b>			
Principal Place of Business <b>5399 E. CO. HWY. 30A #7 SEAGROVE BEACH, FL 32459</b>		Mailing Address <b>5399 E. CO. HWY. 30A #7 SEAGROVE BEACH, FL 32459</b>	
2. Principal Place of Business <b>5297 E Co. 30A</b> Suite, Apt. #, etc.		3. Mailing Address <b>5297 E Co. 30A</b> Suite, Apt. #, etc.	
City & State <b>SANTA ROSA BEACH, FL</b>		City & State <b>SANTA ROSA BEACH, FL</b>	
Zip <b>32459</b>		Country <b>USA</b>	
4. FEI Number <b>59-3555045</b>		Applied For <input type="checkbox"/> Not Applicable	
5. Certificate of Status Desired <input type="checkbox"/>		<b>\$8.75 Additional Fee Required</b>	
6. Name and Address of Current Registered Agent  <b>BROWN, TODD D 5399 E. CO. HWY. 30A #7 SEAGROVE BEACH, FL 32459</b>		7. Name and Address of New Registered Agent Name _____ Street Address (P.O. Box Number is Not Acceptable) _____ City _____ <b>FL</b> Zip Code _____	
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 _____ <small>Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating)</small>			
<b>FILE NOW!!! FEE IS \$150.00 After May 1, 2005 Fee will be \$550.00</b>		9. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/> <b>\$5.00 May Be Added to Fees</b>	
<b>10. OFFICERS AND DIRECTORS</b>		<b>11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11</b>	
TITLE <b>P</b>	NAME <b>BROWN, TODD D</b>	TITLE _____	NAME _____
STREET ADDRESS <b>59 WEDGE CT</b>	CITY-ST-ZIP <b>DESTIN, FL 32541</b>	STREET ADDRESS _____	CITY-ST-ZIP _____
TITLE <b>VP</b>	NAME <b>BROWN, HEATHER M.T.</b>	TITLE _____	NAME _____
STREET ADDRESS <b>734 LEGION DR., #9</b>	CITY-ST-ZIP <b>DESTIN, FL 32541</b>	STREET ADDRESS _____	CITY-ST-ZIP _____
TITLE <b>ST</b>	NAME <b>CARPENTER, KELLY T</b>	TITLE _____	NAME _____
STREET ADDRESS <b>734 LEGION DR., #63</b>	CITY-ST-ZIP <b>DESTIN, FL 32541</b>	STREET ADDRESS _____	CITY-ST-ZIP _____
TITLE _____	NAME _____	TITLE _____	NAME _____
STREET ADDRESS _____	CITY-ST-ZIP _____	STREET ADDRESS _____	CITY-ST-ZIP _____
TITLE _____	NAME _____	TITLE _____	NAME _____
STREET ADDRESS _____	CITY-ST-ZIP _____	STREET ADDRESS _____	CITY-ST-ZIP _____
12. I hereby certify that the information supplied with this filing does not qualify 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 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.			
<b>SIGNATURE:</b>		04/05/05 <b>850-231-5450</b> <small>Date Daytime Phone #</small>	
<small>SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR</small>			