2008 FOR PROFIT CORPORATION

ANNUAL REPORT

DOCUMENT # P98000106600 1. Entity Name

SEAGROVE GLASS INC.



Principal Place of Business

5297 E CO 30 A

SANTA ROSA BEACH, FL 32459

Mailing Address

5297 E CO 30 A

SANTA ROSA BEACH, FL 32459

FILED Feb 21, 2008 08:00 Al Secretary of State



DO NOT WRITE IN THIS SPACE

No Chg-P CR2E034 (11/05) 01292008

4. FEI Number 59-3555045

Applied For Not Applicable

5. Certificate of Status Desired

\$8.75 Additional Fee Required

6. Name and Address of Current Registered Agent

BROWN, TODD D 5297 E CO 30 A SEAGROVE BEACH, FL 32459

the obligations of registered agent.

DO NOT WRITE IN THIS SPACE

SIGNATURE.									
	Signature, typed or printed name of registered agent and title if applicable (NOTE:	: Registered Agent si	ignature	required when reinstating)	. '.,	 .::1	DATE	100 Add 1	14
ge je kepel FIL GJA After M JJG 1905-76	E NOWIII FEE IS \$150.00 ay 1, 2008 Fee will be \$550.00 Trust Fund Contri		_	\$5.00 May Be Added to Fees	- 02.	√287 <u>0</u> 8 √287 <u>0</u> 8	0833787 -80025-(119 150.00	
40.	OFFICERS AND DIRECTORS	jus, a	59		REST.	\$` 7 83636	STERNING.	aligs kan esk	7
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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

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 flustee empowered to execute this report as required by Chapter 607, Florida Statutes; and that my name appears in Block 10 or Block 11 if

SIGNATURE:

NAME STREET ADDRESS CITY-ST-ZIP TITLE NAME STREET ADDRESS CITY-ST-ZIP

NAME STREET ADDRESS CITY-ST-ZIP