

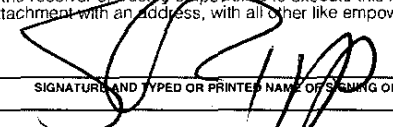


2004 FOR PROFIT CORPORATION ANNUAL REPORT

FILED
Jan 20, 2004 8:00 am
Secretary of State

01-20-2004 90075 003 ***150.00

DOCUMENT # P99000009063					
1. Entity Name SEAGROVE TOWN CENTER, INC.					
Principal Place of Business 4039 E. CO. HWY. 30-A SEAGROVE BEACH, FL 32459			Mailing Address 4039 E. CO. HWY. 30-A SEAGROVE BEACH, FL 32459		
2. Principal Place of Business 4460 Legendary Dr., Suite, Apt. #, etc. Suite 100		3. Mailing Address 4460 Legendary Dr., Suite, Apt. #, etc. Suite 100			
City & State Destin, FL		City & State Destin, FL		01092004 Chg-P CR2E034 (10/03)	
Zip Country 32541 USA		Zip Country 32541 USA		4. FEI Number 65-1181729	
5. Certificate of Status Desired <input type="checkbox"/> \$8.75 Additional Fee Required				Applied For Not Applicable	
6. Name and Address of Current Registered Agent RIGGS, STEPHEN C 4460 LEGENDARY DRIVE SUITE 100 DESTIN, FL 32459			7. Name and Address of New Registered Agent Name Street Address (P.O. Box Number is Not Acceptable) City FL 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 _____ (NOTE: Registered Agent signature required when reinstating) DATE _____					
FILE NOW!!! FEE IS \$150.00 After May 1, 2004 Fee will be \$550.00			9. Election Campaign Financing Trust Fund Contribution, <input type="checkbox"/> \$5.00 May Be Added to Fees		
10. OFFICERS AND DIRECTORS			11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10		
TITLE PTD NAME BATUR, KENNETH E STREET ADDRESS 5114 FISHER ESTATES LANE CITY-ST-ZIP ROMEO, MI 48064	<input checked="" type="checkbox"/> Delete		TITLE Director NAME Riggs, Stephen C STREET ADDRESS 4460 Legendary Dr., Suite 100 CITY-ST-ZIP Destin, FL 32541	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition	
TITLE VSD NAME SMITH, WILLIAM H. STREET ADDRESS 449 WATERVIEW COVE DRIVE CITY-ST-ZIP FREEPORT, FL 32439	<input checked="" type="checkbox"/> Delete			<input type="checkbox"/> Change <input type="checkbox"/> Addition	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete			<input type="checkbox"/> Change <input type="checkbox"/> Addition	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete			<input type="checkbox"/> Change <input type="checkbox"/> Addition	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete			<input type="checkbox"/> Change <input type="checkbox"/> Addition	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete			<input type="checkbox"/> Change <input type="checkbox"/> Addition	
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.					
SIGNATURE: 			Stephen C Riggs 1/14/04 850-837-3141		
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR			Date Daytime Phone #		