Apr-26-05 06:15A accounting group :

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May 02, 2005 8:00 am
Secretary of State
05-02-2005 90422 022 ***150.00

2005 FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT # P99000022274

1. Entity Name:
SEAGATE MANAGEMENT, INC.

14014629

Principal Place of Business	Mailing Address
BAYMONT INN BONITA SPRINGS, FL 34135	27991 OAKLAND DRIVE BONITA SPRINGS, FL 34135

04262005 Chg-P CR2E034 (10/03)

2. Principal Place of Business	3. Mailing Address
Street Address	Street Address
City & State	City & State
Zip / Country	Zip / Country

4. FEI Number: 65-0901122 ☐ Applied For ☐ Not Applicable

5. Certified Copy Status Desired ☐ **$8.75** Additional Fee Required

6. Name and Address of Current Registered Agent	7. Name and Address of New Registered Agent
PATEL, MINESH G 27991 OAKLAND DRIVE BONITA SPRINGS, FL 34135	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: _____ DATE

FILE NOW!!! FEE IS $150.00
After May 1, 2005 Fee will be $550.00

9. Election Campaign Financing Trust Fund Contribution ☐ **$5.00** May Be Added to Fees

10. OFFICERS AND DIRECTORS		11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10	
TITLE NAME STREET ADDRESS CITY ST ZIP	P ☐ Delete PATEL, MINESH G 27991 OAKLAND DR. BONITA SPRINGS, FL 34135	TITLE NAME STREET ADDRESS CITY ST ZIP	☐ Change ☐ Addition
TITLE NAME STREET ADDRESS CITY ST ZIP	V ☐ Delete PATEL, SANJAY K P.O. BOX 1495 PLEASANTON, CA 94566	TITLE NAME STREET ADDRESS CITY ST ZIP	☐ Change ☐ Addition
TITLE NAME STREET ADDRESS CITY ST ZIP	S ☐ Delete PATEL, CALKA 27991 OAKLAND DR BONITA SPRINGS, FL 34135	TITLE NAME STREET ADDRESS CITY ST ZIP	☐ Change ☐ Addition
TITLE NAME STREET ADDRESS CITY ST ZIP	T ☐ Delete PATEL, KALPANA S P.O. BOX 1495 PLEASANTON, CA 94566	TITLE NAME STREET ADDRESS CITY ST ZIP	☐ Change ☐ Addition
TITLE NAME STREET ADDRESS CITY ST ZIP	☐ Delete	TITLE NAME STREET ADDRESS CITY ST ZIP	☐ Change ☐ Addition
TITLE NAME STREET ADDRESS CITY ST ZIP	☐ Delete	TITLE NAME STREET ADDRESS CITY ST ZIP	☐ Change ☐ 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: X _____
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR — Date — Daytime Phone #