


FILED
Aug 26, 2005 8:00 am
Secretary of State

08-26-2005 90003 047 ***150.00

2005 FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT # P99000024240 1. Entity Name SEABOARD PENCIL COMPANY	
------------------------------------------------------------------------------------	-----------------------------------------------------------------------------------

Principal Place of Business 16230 AVIATION LOOP DRIVE BROOKSVILLE, FL 34609	Mailing Address 16230 AVIATION LOOP DRIVE BROOKSVILLE, FL 34609
-------------------------------------------------------------------------------------------	-------------------------------------------------------------------------------

50063567



2. Principal Place of Business	3. Mailing Address
Suite, Apt. #, etc.	Suite, Apt. #, etc.
City & State	City & State
Zip	Country

03192005 Chg-P CR2E034 (10/03)

4. FEI Number 59-3576606	Applied For <input type="checkbox"/> Not Applicable
5. Certificate of Status Desired <input type="checkbox"/>	\$8.75 Additional Fee Required

6. Name and Address of Current Registered Agent GUADAGNINO, ANNMARIE 16230 AVIATION LOOP DRIVE BROOKSVILLE, FL 34609		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 _____
Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating) DATE _____

FILE NOW!!! FEE IS \$150.00 After May 1, 2005 Fee will be \$350.00	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 11			
TITLE	DPVP	<input type="checkbox"/> Delete		TITLE		<input type="checkbox"/> Change	<input type="checkbox"/> Addition
NAME	GUADAGNINO, ANNMARIE			NAME			
STREET ADDRESS	16230 AVIATION LOOP			STREET ADDRESS			
CITY- ST- ZIP	BROOKSVILLE, FL 34609			CITY- ST- ZIP			
TITLE		<input type="checkbox"/> Delete		TITLE		<input type="checkbox"/> Change	<input type="checkbox"/> Addition
NAME				NAME			
STREET ADDRESS				STREET ADDRESS			
CITY- ST- ZIP				CITY- ST- ZIP			
TITLE		<input type="checkbox"/> Delete		TITLE		<input type="checkbox"/> Change	<input type="checkbox"/> Addition
NAME				NAME			
STREET ADDRESS				STREET ADDRESS			
CITY- ST- ZIP				CITY- ST- ZIP			
TITLE		<input type="checkbox"/> Delete		TITLE		<input type="checkbox"/> Change	<input type="checkbox"/> Addition
NAME				NAME			
STREET ADDRESS				STREET ADDRESS			
CITY- ST- ZIP				CITY- ST- ZIP			
TITLE		<input type="checkbox"/> Delete		TITLE		<input type="checkbox"/> Change	<input type="checkbox"/> Addition
NAME				NAME			
STREET ADDRESS				STREET ADDRESS			
CITY- ST- ZIP				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.

SIGNATURE: *Annmarie Guadagnino* Date: 8/23/05
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #

ATTACHMENT

P99000024240
50063567

Seaboard Pencil, Inc.
16230 Aviation Loop Drive
Brooksville, FL 34604

August 23, 2005

Division of Corporations
Post Office Box 1500
Tallahassee, FL 32302-1500

Dear Sir or Madam:

Please find attached my 2005 Annual Report, along with my check for \$150.00. Please accept this fee, since I did not receive notification from your Division that this report needed to be filed by May 1, 2005. My accountant informed me of this requirement when he recently prepared my business taxes.

Thank you in advance for your cooperation in this matter.

Sincerely,



Annemarie Guadagnino

AG/
Attachments