2007 FOR PROFIT CORPORATION ANNUAL REPORT

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Apr 30, 2007 8:00 am
Secretary of State
04-30-2007 90406 009 ***150.00

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04262007 Chg-P CR2E034 (12/06)

DOCUMENT # S30468

1. Entity Name
AMERICAN SEAGULL, INC.

Principal Place of Business	Mailing Address
733 BOYLSTON ST. LEESBURG, FL 34748	733 BOYLSTON ST. LEESBURG, FL 34748
2. Principal Place of Business - No P.O. Box #	3. Mailing Address
Suite, Apt. # etc.	Suite, Apt. #, etc
City & State	City & State
Zip / Country	Zip / Country

4. FEI Number 59-3059225 ☐ Applied For ☐ Not Applicable

5. Certificate of Status Desired ☐ **$8.75** Additional Fee Required

6. Name and Address of Current Registered Agent

PRINGLE, GEORGE O.
733 BOYLSTON ST.
LEESBURG, FL 34748

7. Name and Address of New Registered Agent

Name: Gary L. Summers
Street Address (P.O. Box Number is Not Acceptable): 380 West Alfred Street
City: Tavares FL Zip Code: 32778

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: *Gary L. Su[...]* *Gary L. Summers* *4/26/07*
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, 2007 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 11		
TITLE NAME STREET ADDRESS CITY-ST-ZIP	PST PRINGLE, GEORGE O. 733 BOYLSTON ST. LEESBURG, FL 34748	XX Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	D/P/S/T Elisabeth B. Pringle 733 Boylston St. Leesburg, FL 34748	☒ Change ☐ Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	V PRINGLE, GEORGE O. 733 BOYLSTON ST. LEESBURG, FL 34748	XX Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	D/V John A. Pringle 175 Lakeside Drive Port Orange, FL 32128	☒ 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
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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 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 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: *Elisabeth B. Pringle* Elisabeth B. Pringle *4-27-07* *352-728-3992*
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #