


**2008 FOR PROFIT CORPORATION ANNUAL REPORT**

**FILED**  
**Feb 11, 2008 08:00 A**  
**Secretary of State**

<b>DOCUMENT # V19579</b> 1. Entity Name SEACOAST DEVELOPMENT, INC.	
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Principal Place of Business 12825 SE SUZANNE DR HOBE SOUND, FL 33455	Mailing Address 12825 SE SUZANNE DR HOBE SOUND, FL 33455
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**DO NOT WRITE IN THIS SPACE**

01182008 No Chg-P CR2E034 (11/05)

4. FEI Number 65-0322368	Applied For Not Applicable
5. Certificate of Status Desired <input checked="" type="checkbox"/>	<b>\$8.75</b> Additional Fee Required

**6. Name and Address of Current Registered Agent**

MCNAMARA, JAMES R.  
12921 SE SUZANNE DR  
HOBE SOUND, FL 33455

**DO NOT WRITE IN THIS SPACE**

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, 2008 Fee will be \$550.00**

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

**10. OFFICERS AND DIRECTORS**

TITLE NAME STREET ADDRESS CITY-ST-ZIP	P MCNAMARA, JAMES R 12825 SE SUZANNE DR. HOBE SOUND, FL
TITLE NAME STREET ADDRESS CITY-ST-ZIP	ST MCNAMARA, LAWRENCE W III 12825 SE SUZANNE DR. HOBE SOUND, FL
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U00000823035  
 02/20/08-80022-015 158.75

**DO NOT WRITE IN THIS SPACE**

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:  2/6/08 772-546-6127

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #