2005 FOR PROFIT CORPORATION ANNUAL REPORT

FILED
Apr 20, 2005 8:00 am
Secretary of State
04-20-2005 90320 046 ***150.00

DOCUMENT # V47669

1. Entity Name
SETON REALTY, INC.

50039205

Principal Place of Business	Mailing Address
C/O LAURIE S TEPPERT 1801 BARRS STREET, SUITE 615 JACKSONVILLE, FL 32204 US	C/O LAURIE S TEPPERT 1801 BARRS STREET, SUITE 615 JACKSONVILLE, FL 32204 US

01212005 Chg-P CR2E034 (10/03)

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

4. FEI Number 59-3133073 ☐ Applied For ☐ Not Applicable

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

6. Name and Address of Current Registered Agent	7. Name and Address of New Registered Agent
TEPPERT, LAURIE S GENERAL COUNSEL 1801 BARRS STREET, SUITE 615 JACKSONVILLE, FL 32204	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
Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating)

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 11		
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	P MAHER, JOHN J 1801 BARRS STREET, SUITE 600 JACKSONVILLE, FL 32204	☐ Delete	TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	DP	☒ Change ☐ Addition
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	VP NORMAN, JEFFREY 1800 BARRS STREET JACKSONVILLE, FL 32204	☐ Delete	TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	DVP	☒ Change ☐ Addition
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	ST CORRIGAN, JAMES M 1801 BARRS STREET, SUITE 600 JACKSONVILLE, FL 32204	☐ Delete	TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	DST	☒ Change ☐ Addition
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	VP PERRY, KENNETH C 1800 BARRS STREET JACKSONVILLE, FL 32204	☐ Delete	TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	DVP	☒ Change ☐ Addition
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	VP PERRY, LINDA 1800 BARRS STREET JACKSONVILLE, FL 32204	☐ Delete	TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP		☐ Change ☐ Addition
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	AS SINCLAIR, DONNA 1801 BARRS STREET, SUITE 600 JACKSONVILLE, FL 32204	☐ 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: J Maher 1.26.05
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR — Date — Daytime Phone #