
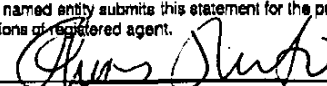
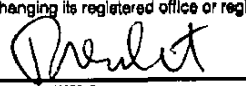
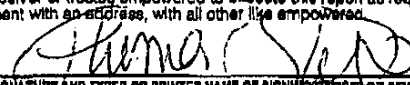
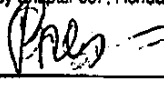


Apr. 24. 2007 3:26PM HAROLD M LIGHTMAN MBA

FILED
Apr 27, 2007 8:00 am
Secretary of State

04-27-2007 90224 020 ***150.00

2007 FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT # S62061			
1. Entity Name SEASIDE CABINETRY, INC.			
Principal Place of Business 9069 S.E. BRIDGE RD., STE D HOBE SOUND, FL 33455-5330		Mailing Address 9069 S.E. BRIDGE RD., STE D HOBE SOUND, FL 33455-5330	
2. Principal Place of Business - No P.O. Box # 2116 ARDLEY ROAD <small>Suite, Apt. #, etc.</small>		3. Mailing Address 2116 ARDLEY ROAD <small>Suite, Apt. #, etc.</small>	
City & State JUNO BEACH FL		City & State JUNO BEACH FL	
Zip 33408		Country US	
4. FEI Number 65-0275768		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		7. Name and Address of New Registered Agent	
SEBITO, THOMAS J. 9069 S.E. BRIDGE RD., STE D HOBE SOUND, FL 33455-5330		Name Street Address (P.O. Box Number is Not Acceptable) 2116 ARDLEY ROAD City JUNO BEACH FL Zip Code 33408	
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: 	
<small>Signature, typed or printed name of registered agent and fee if applicable.</small>		<small>(NOTE: Registered Agent signature required when reinstating) DATE</small> 4/25/07	
FILE NOW!!! FEE IS \$150.00 After May 1, 2007 Fee will be \$550.00		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 NAME STREET ADDRESS CITY-ST-ZIP	P SEBITO, THOMAS J. 142 HARBOURSIDE CIRCLE JUPITER, FL 33477	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition 2116 ARDLEY ROAD JUNO BEACH FL 33408
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> 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 807, 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: 		SIGNATURE: 	
<small>SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR</small>		<small>Date</small> 4/25/07	
		<small>Daytime Phone #</small>	