I hereby certify that the information indicated on this report or supplemental report is true and accurate and that my electronic 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 exe	ecute this report as required by Chapter 607, Florid	a Statutes; and that my name appears
above, or on an attachment with all other like empowered.		
SIGNATURE: BRIAN S BIDWELL	DST	04/19/2014

Electronic Signature of Signing Officer/Director Detail

Current Principal Place of Business: 1512 MARSHSIDE DR. JACKSONVILLE BEACH, FL 32250

Entity Name: SEASIDE NATURE SHOP INC.

Current Mailing Address:

DOCUMENT# P13000045000

1512 MARSHSIDE DR. JACKSONVILLE BEACH. FL 32250 US

FEI Number: 46-2863793

Name and Address of Current Registered Agent:

Electronic Signature of Registered Agent

2014 FLORIDA PROFIT CORPORATION ANNUAL REPORT

BIDWELL, BRIAN 1512 MARSHSIDE DR. JACKSONVILLE BEACH, FL 32250 US

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.

SIGNATURE:

Officer/Director Detail : Title Title DST DP Name **BIDWELL, BRIAN** Name **BIDWELL, JOLINE** Address 1512 MARSHSIDE DR. Address 1512 MARSHSIDE DR. City-State-Zip: JACKSONVILLE BEACH FL 32250 City-State-Zip: JACKSONVILLE BEACH FL 32250

Certificate of Status Desired: Yes

Date

Date