03-30-2005 90042 014 ****61.25
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2005 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

DOCUMENT # 719940

1. Entity Name
SEASIDE SQUARES INCORPORATED

FILED
05 APR 11 PM 12:50
SECRETARY OF STATE
TALLAHASSEE, FLORIDA
50032238

Principal Place of Business	Mailing Address
2600 W. STRATFORD ROAD PENSACOLA, FL 32526	2600 W. STRATFORD ROAD PENSACOLA, FL 32526

02252005 Chg-NP CR2E037 (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 59-1380061 ☐ 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
SANDERS, BOB 3061 KNOTTY PINE DR PENSACOLA, FL 32505	Name: WILLIAM T. JENNER Street Address (P.O. Box Number is Not Acceptable): 2600 STRATFORD RD City: PENSACOLA FL Zip Code: 32526

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: William T. Jenner 2-26-05
Signature, typed or printed name of registered agent and date, if applicable. (NOTE: Registered Agent signature required when reinstating) DATE

Filing Fee is $61.25
Due by May 1, 2005

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

Make check payable to Florida Department of State

10. OFFICERS AND DIRECTORS			11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10		
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	PD JENNER, BILL 917 BROOKHILLS DR CANTONMENT, FL	☐ Delete	TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	PD JENNER Bill 2600 STRATFORD RD PENSACOLA FL 32526	☒ Change ☐ Addition
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	PPD SANDERS, GRACE 3061 KNOTTY PINE DR PENSACOLA, FL	☒ Delete	TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	PPD WALTERS, JULIA 418 WAYCROSS AVE PENSACOLA FL 32507	☒ Change ☒ Addition
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	SD BROWN, ANN 917 BROOK HILLS DRIVE CANTONMENT, FL	☐ Delete	TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP		☐ Change ☐ Addition
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	TD SANDERS, BOB 3061 KNOTTY PINE DR PENSACOLA, FL	☒ Delete	TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	TD (Beryllena) BROWN, ANN 917 Brookhills DR CANTONMENT, FL 32533	☐ 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

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 617, 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: William T. Jenner 2-25-05 850-944-0322
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR — Date — Daytime Phone #