2004 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

DOCUMENT # N00000007671

1. Entity Name HIS PLACE BY THE SEA, INC.

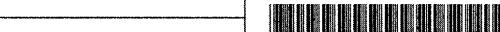


FILED Apr 02, 2004 08:00 AM Secretary of State

Principal Place of Business 734 SAND DOLLAR DR.

SANIBEL, FL 33957

Mailing Address 734 SAND DOLLAR DR. SANIBEL, FL 33957



DO NOT WRITE IN THIS SPACE

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CR2E037 (10/03)

4. FEI Number		Applied For
65-1061825	-	Not Applicable
5. Certificate of Status Desired		\$8.75 Additional

6. Name and Address of Current Registered Agent

MAYBEE, RICHARD G 734 SAND DOLLAR DR. SANIBEL, FL. 33957

DO NOT WRITE

03252004 No Chg-NP

Oru erome,				IN T	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_	Signature, typed or printed name of registered agent and title	DATE						
	Filing Fee is \$61.25 Due by May 1, 2004	Election Campaign Finan Trust Fund Contribution.	cing	\$5.00 May Be Added to Fees	UN0000101731 U4/U2/04-80024-018 61.25			
10.	OFFICERS AND DIRE	CTORS						
TITLE NAME STREET ADDRESS GRY-ST-ZIP	PD HETMANEK, JAMES 448 GLORY CIRCLE SANIBEL, FL 33957				<u> </u>			
TITLE NAME STREET ADDRESS CITY-ST-ZIP	TD MAYBEE, RICHARD G 734 SAND DOLLAR DR. SANIBEL, FL 33957							
TIFLE NAME STREET ADDRESS CITY-ST-ZIP	VD MAYBEE, BARBARA A 734 SAND DOLLAR DR. SANIBEL, FL 33957		DO NOT WRITE					
TITLE NAME STREET ADDRESS CITY-ST-ZIP	SD SANFORD, JOHN N 14811 CRYSTAL COVE #1103 FT MYERS, FL 33919			IN	THIS SPACE			
TITLE NAME STREET ADDRESS CITY-ST-ZIP								
TITLE NAME STREET ADDRESS CITY-ST-ZIP								
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 end that my signature shall have the same legal effect as if made under oath; that I am an officer or director indicated on this report of supplemental report is true and accurate end that my signature shall have the same legal effect as if made under oath; that I am an officer or director.								

changed, or on an attachment with an appropriate with all other like empower

SIGNATURE: ×