

# 2007 FOR PROFIT CORPORATION ANNUAL REPORT (AR)

**FILED**  
**Feb 12, 2007 08:00 AM**  
**Secretary of State**



**DOCUMENT # P00000025384**  
1. Entity Name  
**SEASIDE HOMES, INC.**

Principal Place of Business      Mailing Address  
1030 N. U.S. 1                      1030 N. U.S. 1  
ORMOND BEACH FL 32174        ORMOND BEACH FL 32174



2. Principal Place of Business - No P.O. Box #      3. Mailing Address  
  
Suite, Apt. #, etc.                                      Suite, Apt. #, etc.

1st MOORE      CR2E034 (10/06)

City & State                                      City & State

4. FEI Number      **59-3634024**      Applied For  
Not Applicable

Zip      Country                      Zip      Country

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

**6. Name and Address of Current Registered Agent**  
  
**PERKINS, TERENCE R**  
**444 SEABREEZE BLVD.**  
**SUITE 900**  
**DAYTONA BEACH FL 32118**

**7. Name and Address of New Registered Agent**  
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, 2007 Fee Will Be \$550.00**  
**Make Check Payable to Florida Department of State**

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

10. OFFICERS AND DIRECTORS	
TITLE NAME STREET ADDRESS CITY-STATE-ZIP	<b>P</b> <b>STRASSER, CHARLES</b> <input type="checkbox"/> Delete 1316 JOHN ANDERSON DR ORMOND BEACH FL 32176
TITLE NAME STREET ADDRESS CITY-STATE-ZIP	<b>VP</b> <b>WOODEN, JOE M</b> <input type="checkbox"/> Delete 117 GOLFVIEW LN ORMOND BEACH FL 32176
TITLE NAME STREET ADDRESS CITY-STATE-ZIP	<b>S</b> <b>PERKINS, TERENCE</b> <input type="checkbox"/> Delete 444 SEABREEZE BLVD 9TH FLOOR DAYTONA BEACH FL 32118
TITLE NAME STREET ADDRESS CITY-STATE-ZIP	
TITLE NAME STREET ADDRESS CITY-STATE-ZIP	
TITLE NAME STREET ADDRESS CITY-STATE-ZIP	

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11	
TITLE NAME STREET ADDRESS CITY-STATE-ZIP	
TITLE NAME STREET ADDRESS CITY-STATE-ZIP	
TITLE NAME STREET ADDRESS CITY-STATE-ZIP	
TITLE NAME STREET ADDRESS CITY-STATE-ZIP	
TITLE NAME STREET ADDRESS CITY-STATE-ZIP	
TITLE NAME STREET ADDRESS CITY-STATE-ZIP	

12. I hereby certify that the information supplied with this filing does not qualify for the exemptions contained in Section 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 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:**      **2-5-07**      **673-7007**  
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR      Date      Daytime Phone #