


# 2007 FOR PROFIT CORPORATION ANNUAL REPORT

**FILED**  
**Feb 14, 2007 8:00 am**  
**Secretary of State**

02-14-2007 90052 008 \*\*\*150.00

<b>DOCUMENT # P02000044320</b>					
1. Entity Name <b>SEASIDE LIVING, INC.</b>					
Principal Place of Business <b>314 PRUDENCE LN. PANAMA CITY BCH, FL 32408</b>			Mailing Address <b>314 PRUDENCE LN. PANAMA CITY BCH, FL 32408</b>		
2. Principal Place of Business - No P.O. Box #			3. Mailing Address		
Suite, Apt. #, etc.			Suite, Apt. #, etc.		
City & State			City & State		
Zip	Country	Zip	Country	4. FEI Number <b>04-3654682</b>	
5. Certificate of Status Desired <input type="checkbox"/>				Applied For <input type="checkbox"/> Not Applicable	
				\$8.75 Additional Fee Required	
6. Name and Address of Current Registered Agent			7. Name and Address of New Registered Agent		
GRAY, JOSEPH E JR. 314 PRUDENCE LN. PANAMA CITY BCH, FL 32408			Name <u>Julie A. Gray</u>		
			Street Address (P.O. Box Number is Not Acceptable)		
			<u>314 Prudence Lane</u>		
			City <u>Panama City Beach</u> <b>FL</b> Zip Code <u>32408</u>		
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 <u>Julie A. Gray</u> <u>Julie A. Gray V.P.</u> <u>1-31-07</u>					
Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating) DATE					
<b>FILE NOW!!! FEE IS \$150.00 After May 1, 2007 Fee will be \$550.00</b>			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	P	<input type="checkbox"/> Delete	TITLE	<input type="checkbox"/> Change	<input type="checkbox"/> Addition
NAME	GRAY, JOSEPH E JR		NAME		
STREET ADDRESS	314 PRUDENCE LANE		STREET ADDRESS		
CITY - ST - ZIP	PANAMA CITY, FL 32408		CITY - ST - ZIP		
TITLE	VP	<input type="checkbox"/> Delete	TITLE	<input type="checkbox"/> Change	<input type="checkbox"/> Addition
NAME	GRAY, JULIE A		NAME		
STREET ADDRESS	314 PRUDENCE LANE		STREET ADDRESS		
CITY - ST - ZIP	PANAMA CITY, FL 32408		CITY - ST - ZIP		
TITLE		<input type="checkbox"/> Delete	TITLE	<input type="checkbox"/> Change	<input type="checkbox"/> Addition
NAME			NAME		
STREET ADDRESS			STREET ADDRESS		
CITY - ST - ZIP			CITY - ST - ZIP		
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NAME			NAME		
STREET ADDRESS			STREET ADDRESS		
CITY - ST - ZIP			CITY - ST - ZIP		
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 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: <u>Julie A. Gray</u> <u>VP</u> <u>1-31-07</u> <u>850-258-9847</u>					
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #					



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