2005 FOR PROFIT CORPORATION ANNUAL REPORT

FILED
Apr 18, 2005 8:00 am
Secretary of State

03-24-2005 90045 040 ***150.00

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03212005 Chg-P CR2E034 (10/03)

DOCUMENT # P03000012166

1. Entity Name
SEASHELLBOOKS.COM, INCORPORATED

Principal Place of Business	Mailing Address
5565 64TH WAY NORTH SAINT PETERSBURG, FL 33709	5565 64TH WAY NORTH SAINT PETERSBURG, FL 33709

2. Principal Place of Business	3. Mailing Address
3070 44th Ave. N	3070 44th Ave N.
Suite, Apt. #, etc.	Suite, Apt. #, etc.
City & State: ST. PETERSBURG, FL	City & State: ST. PETERSBURG FL
Zip: 33714 Country: Pinellas	Zip: 33714 Country: Pinellas

4. FEI Number: 65-1170531 ☐ Applied For ☐ Not Applicable

5. Certificate of Status Desired ☐ $8.75 Additional Fee Required

6. Name and Address of Current Registered Agent

DUMSER, LANE
5565 64TH WAY NORTH
SAINT PETERSBURG, FL 33709

7. Name and Address of New Registered Agent

Name: DUMSER LANE
Street Address (P.O. Box Number is Not Acceptable): 3070 44th Ave NORTH
City: ST. PEtersburg FL Zip Code: 33714

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] President 3-21-05
Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating) DATE

FILE NOW!!! FEE IS $150.00
After May 1, 2005 Fee will be $550.00

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

10. OFFICERS AND DIRECTORS			11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11	
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	PSTD DUMSER, LANE 5565 64TH WAY NORTH SAINT PETERSBURG, FL 33709	☐ Delete	PSTD Dumser, Lane 3070 44th Ave N. ST. PETERSBURG FL 33714	☒ Change ☐ Addition
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	V.P. MERITT, DONALD W 5565 64TH WAY NORTH ST. PETERSBURG, FL 33709	☐ Delete	V.P. MERITT DONALD W 3070 44th Ave N. ST. PETERSBURG FL 33714	☒ Change ☐ Addition
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP		☐ Delete		☐ Change ☐ Addition
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP		☐ Delete		☐ Change ☐ Addition
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP		☐ Delete		☐ Change ☐ Addition
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP		☐ Delete		☐ 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 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: [signature] V.P. 4-14-05 727-525-6589
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR — Date — Daytime Phone #