

2007 FOR PROFIT CORPORATION ANNUAL REPORT (AR)

FILED
Apr 03, 2007 8:00 am
Secretary of State

04-03-2007 90011 046 ***150.00

DOCUMENT # P03000012166

1. Entity Name

SEASHELLBOOKS.COM, INCORPORATED



Principal Place of Business

3070 44TH AVE N
SAINT PETERSBURG FL 33714

Mailing Address

3070 44TH AVE N
SAINT PETERSBURG FL 33714

2. Principal Place of Business - No P.O. Box #

5355 115TH AVE N. - SAME

3. Mailing Address

Suite, Apt. #, etc.

City & State

CLEARWATER, FL.

City & State

Zip

33760

Country

AINELLAS

Zip

Country

4. FEI Number

65-1170531

Applied For

Not Applicable

5. Certificate of Status Desired ☐

\$8.75 Additional
Fee Required

1st MOORE

CR2E034 (10/06)

6. Name and Address of Current Registered Agent

DUMSER, LANE
3070 44TH AVE NORTH
SAINT PETERSBURG FL 33714

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

Signature, typed or printed name of registered agent and title if applicable.

(NOTE: Registered Agent signature required when re-registering)

DATE

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
Trust Fund Contribution. ☐

\$5.00 May Be
Added to Fees

10. OFFICERS AND DIRECTORS

TITLE
NAME
STREET ADDRESS
CITY - ST - ZIP
PSTD
DUMSER, LANE
3070 44TH AVE N
SAINT PETERSBURG FL 33714 ☐ Delete

TITLE
NAME
STREET ADDRESS
CITY - ST - ZIP
EVP
WITT, DAVID L
3070 44TH AVE NORTH
SAINT PETERSBURG FL 33714 ☐ Delete

TITLE
NAME
STREET ADDRESS
CITY - ST - ZIP
CFO
BUTUSOV, BEVERLY A
3070 44TH AVE NORTH
SAINT PETERSBURG FL 33714 ☒ Delete

TITLE
NAME
STREET ADDRESS
CITY - ST - ZIP
☐ Delete

TITLE
NAME
STREET ADDRESS
CITY - ST - ZIP
☐ Delete

TITLE
NAME
STREET ADDRESS
CITY - ST - ZIP
☐ Delete

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE
NAME
STREET ADDRESS
CITY - ST - ZIP
☐ Change ☐ Addition

TITLE
NAME
STREET ADDRESS
CITY - ST - ZIP
☐ Change ☐ Addition

TITLE
NAME
STREET ADDRESS
CITY - ST - ZIP
☐ Change ☐ Addition

TITLE
NAME
STREET ADDRESS
CITY - ST - ZIP
☐ Change ☐ Addition

TITLE
NAME
STREET ADDRESS
CITY - ST - ZIP
☐ Change ☐ Addition

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 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:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

3/14/07 727-525-6589