FILED
May 16, 2008 8:00 am
Secretary of State

04-17-2008 90042 042 ***150.00

2008 FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT # P03000012166

1. Entity Name
SEASHELLBOOKS.COM, INCORPORATED

Principal Place of Business	Mailing Address
5355 115TH AVE N CLEARWATER, FL 33760	5355 115TH AVE N CLEARWATER, FL 33760

66010748

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

04012008 Chg-P CR2E034 (12/06)

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	7. Name and Address of New Registered Agent
DUMSER, LANE ~~3070 44TH AVE NORTH~~ ~~SAINT PETERSBURG, FL~~ 33714	Name Street Address (P.O. Box Number is Not Acceptable) 5355 115th Ave N. City Clearwater FL Zip Code 33764

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 reinstating) DATE

FILE NOW!!! FEE IS $150.00
After May 1, 2008 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 3070 44TH AVE N SAINT PETERSBURG, FL 33714	☐ Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	PSTD Dumser, Lane 5355 115th Ave N. Clearwater, FL 33760	☑ Change ☐ Addition
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	EVP Witt, David L. 5355 115th Ave N. Clearwater, FL 33760	☒ Change ☐ Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP		☐ Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP		☐ Change ☐ Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP		☐ Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP		☐ Change ☐ Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP		☐ Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP		☐ Change ☐ Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP		☐ Delete	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 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: Lane Dumser Pres
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #