

2004 FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT # P03000053284

1. Entity Name
SEASIDE FOOD MART, INC.



FILED
SECRETARY OF STATE
TALLAHASSEE, FLORIDA

04 JUL -7 PM 3:59

Principal Place of Business
2621 SPRINGHILL ROAD
TALLAHASSEE, FL 32318

Mailing Address
POST OFFICE BOX 180610
TALLAHASSEE, FL 32318

2. Principal Place of Business

8021 Blountstown Hwy
Suite, Apt. #, etc.

3. Mailing Address

P.O. Box 180610
Suite, Apt. #, etc.



07072004

Chg-P

CR2E034 (10/03)

City & State

Tallahassee

City & State

Tallahassee FL

4. FEI Number

57-1167038

Applied For

Not Applicable

Zip

32304

Country

Leam

Zip

32318

Country

Leam

5. Certificate of Status Desired

\$8.75 Additional
Fee Required

6. Name and Address of Current Registered Agent

NABULSI'S, KHALID
2621 SPRINGHILL ROAD
TALLAHASSEE, FL 32318

7. Name and Address of New Registered Agent

Name

NA

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

Khalid Nabulsi

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
Due by September 8, 2004

9. Election Campaign Financing
Trust Fund Contribution. ☐

\$5.00 May Be
Added to Fees

In accordance with s. 607.193(2)(b), F.S., the
corporation did not receive the prior notice.

10. OFFICERS AND DIRECTORS

TITLE PD ☐ Delete
NAME NABULSI, KHALID
STREET ADDRESS 2621 SPRINGHILL ROAD
CITY-ST-ZIP TALLAHASSEE, FL 32318

TITLE VPSD ☐ Delete
NAME NABULSI, MOUSSA
STREET ADDRESS 2621 SPRINGHILL ROAD
CITY-ST-ZIP TALLAHASSEE, FL 32318

TITLE ☐ Delete
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ Delete
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ Delete
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ Delete
NAME
STREET ADDRESS
CITY-ST-ZIP

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

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

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

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

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

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:

Khalid Nabulsi

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

MW