

2005 FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# P04000016500

FILED
Apr 22, 2005
Secretary of State

Entity Name: SEASIDE FURNITURE COMPANY OF ST. AUGUSTINE, INC.

Current Principal Place of Business:

1764 TREE BOULEVARD
#4
ST. AUGUSTINE, FL 32084

New Principal Place of Business:

Current Mailing Address:

1764 TREE BOULEVARD
#4
ST. AUGUSTINE, FL 32084

New Mailing Address:

FEI Number: 20-0649786 FEI Number Applied For () FEI Number Not Applicable () Certificate of Status Desired ()

Name and Address of Current Registered Agent:

HAYNES, MARY E
2879 NORTH NINTH ST.
ST. AUGUSTINE, FL 32084 US

Name and Address of New Registered Agent:

HAYNES, MARY E
304 SUMMERCove CIRCLE
ST. AUGUSTINE, FL 32086 US

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.

SIGNATURE: MARY HAYNES

04/22/2005

Electronic Signature of Registered Agent

Date

Election Campaign Financing Trust Fund Contribution ().

OFFICERS AND DIRECTORS:

Title: P () Delete
Name: HAYNES, GUY E
Address: 2879 NORTH NINTH ST.
City-St-Zip: ST. AUGUSTINE, FL 32084

Title: VP () Delete
Name: HAYNES, MARY E
Address: 2879 NORTH NINTH ST.
City-St-Zip: ST. AUGUSTINE, FL 32084

Title: S () Delete
Name: HAYNES, MARY E
Address: 2879 NORTH NINTH ST.
City-St-Zip: ST. AUGUSTINE, FL 32084

Title: () Delete
Name:
Address:
City-St-Zip:

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

Title: P (X) Change () Addition
Name: HAYNES, GUY E
Address: 304 SUMMERCove CIRCLE
City-St-Zip: ST. AUGUSTINE, FL 32086

Title: VP (X) Change () Addition
Name: HAYNES, MARY E
Address: 304 SUMMERCove CIRCLE
City-St-Zip: ST. AUGUSTINE, FL 32086

Title: S (X) Change () Addition
Name: HAYNES, MARY E
Address: 304 SUMMERCove CIRCLE
City-St-Zip: ST. AUGUSTINE, FL 32086

Title: T () Change (X) Addition
Name: HAYNES, GUY E
Address: 304 SUMMERCove CIRCLE
City-St-Zip: ST. AUGUSTINE, FL 32086

I hereby certify that the information supplied with this filing does not qualify for the 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 electronic 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 above, or on an attachment with an address, with all other like empowered.

SIGNATURE: MARY HAYNES

VP

04/22/2005

Electronic Signature of Signing Officer or Director

Date