


2008 FOR PROFIT CORPORATION ANNUAL REPORT

FILED
May 02, 2008 8:00 am
Secretary of State

05-02-2008 90175 005 ***150.00

DOCUMENT # P04000016500

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



Principal Place of Business Mailing Address

1764 TREE BOULEVARD #4 ST. AUGUSTINE, FL 32084 **304 SUMMERCOTE CIRCLE ST. AUGUSTINE, FL 32086**

40055155



2. Principal Place of Business - No P.O. Box # 3. Mailing Address

304 Summerville Circle Suite, Apt. #, etc.

03092008 Chg-P CR2E034 (12/06)

City & State City & State

St Augustine, FL City & State

Zip Country Zip Country

32086 **USA**

4. FEI Number Applied For

20-0649786 Not Applicable

5. Certificate of Status Desired **\$8.75 Additional Fee Required**

6. Name and Address of Current Registered Agent

HAYNES, MARY E
304 SUMMERCOTE CIRCLE
ST. AUGUSTINE, FL 32086

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 Mary E Haynes DATE 4/29/08

Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating)

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

TITLE	P	<input type="checkbox"/> Delete
NAME	HAYNES, GUY E	
STREET ADDRESS	304 SUMMERCOTE CIRCLE	
CITY-ST-ZIP	ST. AUGUSTINE, FL 32086	
TITLE	VP	<input type="checkbox"/> Delete
NAME	HAYNES, MARY E	
STREET ADDRESS	304 SUMMERCOTE CIRCLE	
CITY-ST-ZIP	ST. AUGUSTINE, FL 32086	
TITLE	S	<input type="checkbox"/> Delete
NAME	HAYNES, MARY E	
STREET ADDRESS	304 SUMMERCOTE CIRCLE	
CITY-ST-ZIP	ST. AUGUSTINE, FL 32086	
TITLE	T	<input type="checkbox"/> Delete
NAME	HAYNES, GUY E	
STREET ADDRESS	304 SUMMERCOTE CIRCLE	
CITY-ST-ZIP	ST. AUGUSTINE, FL 32086	
TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
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STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		

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: Mary E Haynes Date 4/29/08 Daytime Phone # 904-824-9198

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR