2007 FOR PROFIT CORPORATION **ANNUAL REPORT**

DOCUMENT # P04000109090

1. Entity Name SEASIDE ORNAMENTAL, INC.



FILED Apr 16, 2007 08:00 A Secretary of State

Principal Place of Business

3760 11TH STREET SW VERO BEACH, FL 32968 Mailing Address

3760 11TH STREET SW VERO BEACH, FL 32968



DO NOT WRITE IN THIS SPACE

CR2E034 (11/05) 03212007 No Chg-P

Applied For 4. FEI Number 05-0608715 Not Applicable

5. Certificate of Status Desired

\$8.75 Additional Fee Required

6. Name and Address of Current Registered Agent

JAAP, RICHARD L 3760 11TH STREET SW VERO BEACH, FL 32968

DO NOT WRITE IN THIS SPACE

			<i>:</i>			, , , , , , , , , , , , , , , , , , , ,	f.	
	named entity submits this statement for the pions of registered agent.	urpose of changing its regist	tered office or re	gistered agent, or bo	oth, in the State	of Florida. I am fam	iliar with, and	d accep
SIGNATURE Signature, typed or printed name of registered agent and title if applicable (NOTE: Registered			tered Agent signature i	Agent signature required when reinstating) DATE				
FIL After Ma	E NOW!!! FEE IS \$150.00 ay 1, 2007 Fee will be \$550.00	Election Campaign Fir Trust Fund Contributio		\$5.00 May Be Added to Fees	U0000 04/24/07	10706102 1-80018-019	150.00	
10.	OFFICERS AND DIREC	TORS	1	(c. 1)			, .	
TITLE	D							
NAME	JAAP, RICHARD L				· · · · · · · · · · · · · · · · · · ·	Space C		
STREET ADDRESS	3760 11TH STREET SW			•				
CITY-ST-ZIP	VERO BEACH, FL 32968		· ·	:	•		·	e^{t-t}
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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 mystee embowered 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.

NAME STREET ADDRESS CITY-ST-ZIP TITLE NAME STREET ADDRESS CITY-ST-ZIP

OFFICER OR DIRECTOR